

THE TRANSITION FROM A MASTER OF NURSING GRADUATE TO THE ROLE OF
NOVICE NURSING FACULTY MEMBER: A NARRATIVE INQUIRY

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By

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ABSTRACT

The purpose of this narrative inquiry (NI) study was to elicit and explore the stories and personal narratives of recent Master of Nursing (MN) graduates transitioning to the role of nursing faculty member. The aim was to understand the experience of their transition and the value of MN education on this transition. While there are numerous studies and articles discussing nurses transitioning to academia there was limited research found on MN graduates transitioning directly into the nursing faculty role after completion of their MN degree and the influence or perceived value of MN education during this transition. This study addressed the research problem of the lack of knowledge and published literature on the experience of MN graduates transitioning to the role of nursing faculty member and the value of MN education on that transition.

Three participants were interviewed as narrative research is best used for capturing the detailed stories or life experiences of a single life or lives of a small number of individuals (Creswell, 2007, 2013; Green, 2013). Benner, Tanner, and Chesla's (2009) novice to expert nursing transition model was used in this research study to support the journey from MN graduate to the role of nursing faculty member. Through analysis I came to the realization that accurately constructing the participant's narratives required developing a new model using the common themes that emerged from within the participant's narratives that is supported by the work of Benner et al. When common themes were compared between participants four distinct themes became apparent. The four distinct themes represent the process of transitioning into the novice nursing faculty role following the completion of a MN degree. They include: (1) Being a Novice, (2) Growing from Mentorship and Support, (3) Building on Previous Experience, and (4) Benefiting from Master of Nursing Education. Three of the themes, Being a Novice, Growing from Mentorship and Support, and Building on Previous Experience, are supported by the work of Benner et al. when transitioning through Benner et al.'s first three stages: novice, advanced beginner, and competent. The fourth theme that arose is Benefiting from Master of Nursing Education. It was discovered through analysis of the stories that MN education aided the transition to more expert practice in the nursing faculty role.

Data analysis included interpreting the stories and the themes that emerged from them and resulted in restorying the narratives (Chase, 2005; Creswell, 2013). This new model and an NI approach allowed me to explore the experience of transitioning to the role of a novice nursing

faculty member and the perceived value of their MN education through the narratives participants choose to tell and share. Using NI to explore this transition provided a unique lens for my inquiry to address the lack of published knowledge on the subject.

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DEDICATION

I would like to dedicate this work to other graduate students living with an inflammatory arthritis. Never stop learning, never stop challenging yourself, and never stop setting meaningful goals. It is okay to reframe and modify your goals and their timelines because life can be unpredictable, especially when living with an inflammatory arthritis. This is not failure, it is a journey of self-compassion, personal growth, and self-acceptance.

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LIST OF ABBREVIATIONS

BSN Bachelor of Science in Nursing

MN Master of Nursing

MPN Master's-Prepared Nurse

NI Narrative Inquiry

RA Research Assistant

RN Registered Nurse

TA Teaching Assistant

CHAPTER ONE: INTRODUCTION AND BACKGROUND

My Story

I entered the Master of Nursing (MN) program full of ambition and excitement about the future. The year prior to entering the program I had positive experiences working with baccalaureate nursing students as a lab and clinical instructor and was interested in pursuing a more permanent career in academia. I chose a research focused MN degree that requires the successful completion of a thesis as I wanted to experience conducting research first hand. While the course components of this degree challenged me mentally and allowed me to see a broader picture of the nursing profession and research in general, completing this thesis was my greatest challenge. Never before had I felt so out of my element, so much like a novice, as I did as a researcher. This experience has pushed me completely out of my comfort zone. It is a vulnerable experience to have my work laid out in front of others researchers, experts in their own fields. I have reflected many times on whether a research focused MN degree was the correct choice for me. As I sat with my participants interviewing them for this study I knew I had made the correct choice. Their stories are important and need to be shared with others. I am so grateful for this experience and the learning and insight it has provided me.

Over the course of completing my MN degree I have transitioned from working full-time as a Pediatric Registered Nurse (RN) in a busy acute care hospital to accepting various teaching opportunities within a nursing college. Every time I work with nursing students, my mind goes to relevant literature and nursing theory--how I can engage my students, evaluate them, support them, and facilitate them in the most meaningful and effective ways. This transition, not only in my increased ability to engage learners or foster inquiry, but into various career opportunities has filled me with excitement and a further desire for learning. For me the transition to academia has provided interesting and rewarding challenges and opportunities for career development and professional fulfillment. Although my own transition into a master's-prepared nurse (MPN) has been an exciting journey it was also filled with periods of self-doubt, uncertainty, lack of confidence, and the very uncomfortable feeling of being a novice again.

Following the completion of my coursework I began wondering what the transition into academia was like for other recent MPNs who are currently employed as nursing faculty members. Did they have a similar experience or was it completely different? I searched the literature and realized the lack of information on recently graduated MPNs transitioning into the

workforce, specifically the area of nursing faculty, the area in which I hoped to work in the future. I have shared my own personal transition experiences with other graduate students and MPNs and listened to their stories. I realized that these stories have not been explored or recorded and how helpful they might be to future graduates and those who prepare and transition them if they were published. Choosing narrative methods to explore the experiences of recent MPNs as they transition into the role of nursing faculty member and the perceived value of MN education during this transition provides a unique lens for my inquiry to address the lack of knowledge on the subject. I was also curious if and how masters' preparation impacted or influenced the transition. My own experiences as master's student are what initially inspired this study and filled me with motivation and desire to learn more on the topic. More than anything though, it was the untold stories of MN graduates and the powerful learning that their personal stories provide that truly inspired this research study. It is because of the power of stories it was natural that I would choose narrative inquiry to explore the experiences of my graduate nurse colleagues in this study.

Introduction

There are currently more MPNs in Canada than ever in the history of nursing. The increase is due, in part, by nursing education transitioning to the university sector with requirements changing from a diploma to a baccalaureate degree (Clark, Casey, & Morris, 2015; Cotterill-Walker, 2012; Drennon, 2008, 2010, 2012). As a result of this change, master's education is generally the minimum educational preparation required for full-time faculty roles in nursing (Penn, Wilson, & Rosseter, 2008). Surprisingly, even with the significant increase of MPNs, very little is known about their transition from the completion of graduate school to employment in any form (Donner & Waddell, 2011; Giallonardo, 2011). This study focused on the experience of MN prepared nurses transitioning to the role of nursing faculty and the perceived value of MN education during the transition. This topic was chosen because although the number of MPNs has increased, so have vacant nursing faculty positions (Canadian Nurses Association [CNA] and Canadian Association of School of Nursing [CASN], 2012; CASN, 2016). It is therefore important to understand the experiences of MPNs transitioning in academia and the perceived value of master's education in making this transition in order to properly prepare high quality faculty members to assume the vacancies and ensure success. For the purpose of this study, a novice nursing faculty member is defined as a RN who has graduated

with a minimum of a master's degree and considers his/her main source of employment to be at a baccalaureate nursing institution teaching baccalaureate nursing students for three years or less (Kumi-Yeboah & James, 2012). In the Saskatchewan context the role of MN prepared nurses in nursing education is one primarily of classroom and clinical settings. This study did not address the traditional research role of a university faculty member, as this is not the role of masters' prepared nurses in all educational institutions and was not the focus of the study. For this study, teaching baccalaureate nursing students included both clinical and classroom teaching.

The Value of Master of Nursing Education

The Canadian Association of School of Nursing ([CASN], 2015a) clarify how an MN degree adds value and builds on baccalaureate education in nursing in their document, *National Nursing Education Framework: A Final Report*. This documents represents all Canadian master's programs in nursing regardless of stream or specialization. The CASN (2015a) established that MN programs are designed to prepare RNs for advanced roles in the nursing profession. MN programs prepare students to demonstrate the knowledge and skills to locate, review, critically examine, synthesize, and judiciously use theory and empirical evidence from diverse sources (CASN, 2015a). Upon completion students exhibit extensive nursing knowledge that builds on the knowledge of a baccalaureate nurse in areas of research, practice, communication and collaboration, professional autonomy, and leadership (CASN, 2015a). Graduates are prepared to creatively and effectively deal with complex system-related issues and communicate in a clear manner to professionals and the public (CASN, 2015a). Innovation, autonomy, sound judgement, adaptability, and responsibility in advanced nursing roles are developed through MN education programs (CASN, 2015a). MN programs provide practice learning experiences to encourage the use of the highest quality evidence available, theories, and expertise in an advanced nursing role (CASN, 2015a).

The value of master's education as a nursing faculty member. Felder (2007) found that novice nurse educators are able to apply knowledge gained in graduate school to the new role of faculty member. It is important to note that this study did not specify the type of master's degree completed by each participant. Generally, nursing graduate students believed that their education had prepared them for the educator role and had given them a baseline of confidence (Felder, 2007). Felder also found that the ability to educate nursing students to competently

apply and incorporate theory and research to nursing practice was gained through master's education.

The CASN (2015a) explain that MN programs not only prepare students to coach, mentor, and teach nursing students but also to build a culture of learning in a specific area of nursing practice that nurtures a spirit of inquiry. MN programs prepare students to demonstrate: a dedication and skills to promote nursing inquiry and lifelong learning, the ability to actively engage in written and scholarly activities, and the ability to evaluate aids as well as barriers to knowledge retention and use evidence based techniques for knowledge translation. Literature discussing the value of MN education will be looked at more in-depth in Chapter 2: The Literature Review.

Exploring the Transition

Exploring this transition is important. MPNs working as novice nursing faculty in educational settings have been found to lack the knowledge, competencies, skills, preparation, and understanding required of an academic to transition easily into their new role as an educator (Anderson, 2009; Anibas, Brenner, Zorn, 2009; Cangelosi, 2014; Cooley & De Gagne, 2016; Danna, Schaubhut, & Jones, 2010; Dempsey, 2007; Gardner, 2014; McDermid, Peters, Jackson, & Daly, 2012; McDonald, 2010; Poindexter, Lindell, & Hagler, 2015; Schoening, 2013). Understanding the transition of recently graduated MPNs and the perceived value of their MN education during the transition to the nursing faculty role is necessary so that interventions and supports can be put into place by their employers. Interventions and supports will help the growth and success of these and future novice nursing faculty while evolving master's education to address these gaps.

Literature regarding MPNs has aimed to measure or evaluate the influence of a master's degree on specific skills or abilities. Research has been conducted on the impact of a master's degree on: the level of patient care delivered following graduate studies (Pelletier, Donoghue, & Duffield, 2003), leadership and management capabilities (Drennon, 2012), the enhanced ability to critically think (Drennon, 2010), and personal and professional development (Whyte, Lugton, & Fawcett, 2000). Drennon's (2008) survey research showed that MPNs believed the completion of a MN degree developed a higher order of thinking and analyzing skills that could be applied to management, clinical, and educational employment within health care services. Pelletier et al. (2003) and Whyte et al. (2000) found that successful completion of a master's degree had a

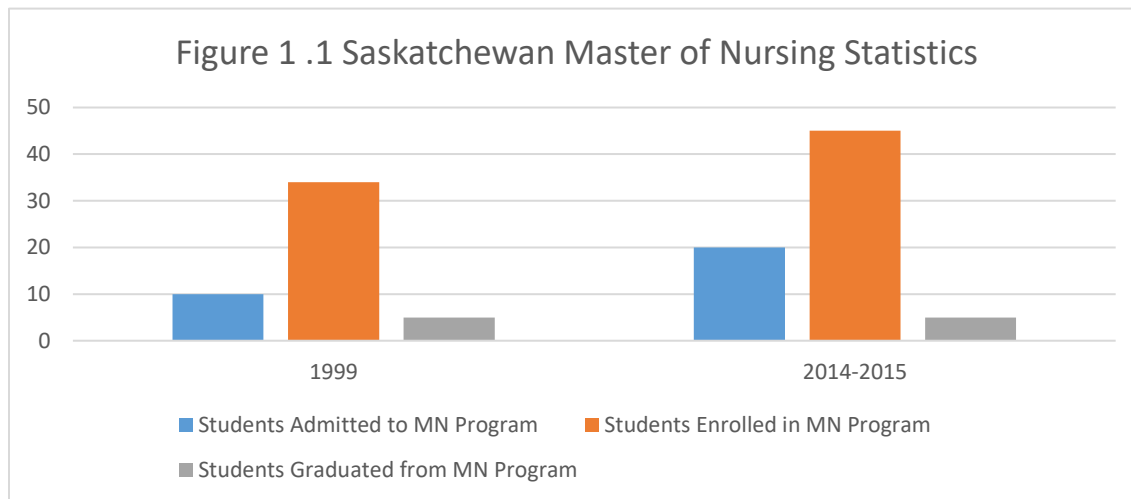
positive impact on career and promotional opportunities. Findings that were also confirmed in a later study by Drennon (2008).

Relevance and Significance of the Study

There is an ever increasing need for qualified nursing faculty (American Association of Colleges of Nursing [AACN], 2012; Anibas et al., 2009; CASN, 2016) as MPNs find employment in the education sector. Looking specifically at MN graduates provides a unique lens into the value of their education during their transition. Saskatchewan, the site of this study, has seen a significant increase in admittance, enrollment, and graduation of nurses with MN degrees over the last sixteen years but is not immune to nursing faculty shortages (CNA & CASN, 2005; CASN 2015b; CASN, 2016). The National Student and Faculty Survey of Canadian Schools of Nursing projected that in Saskatchewan the need for new full-time faculty in 2016 was twenty-six full time positions, when only five MN students graduated in the province the previous year (CASN, 2016). This document highlights the apparent shortage of available qualified nursing faculty, both MN and PhD prepared, and the importance of retaining them provincially and nationally.

In Saskatchewan, admission, enrolment, and graduation in MN programs is increasing. This trend is also evident nationwide. In 1999, 10 students were accepted into MN programs in Saskatchewan, 34 were enrolled, and 5 graduated (CNA & CASN, 2005). In the 2014-2015 academic year in Saskatchewan, there were 20 students admitted to MN programs, 45 enrolled, and 5 graduated (CASN, 2016). See Figure 1.1. In 1999, the oldest available online data for comparison, 300 students were admitted into MN programs in Canada, with 1,362 enrolled, and 248 graduating with an MN degree that year (CNA & CASN, 2005).

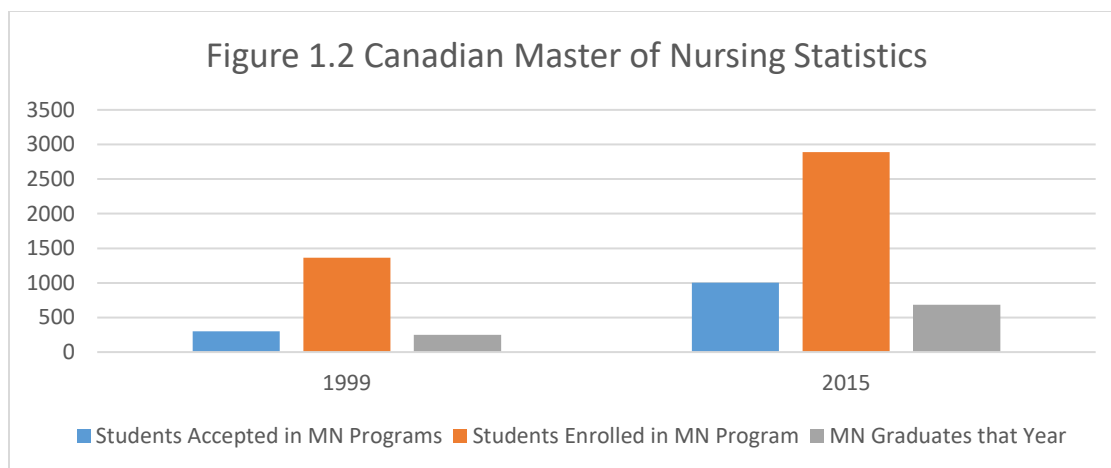
Figure 1.1 Saskatchewan Master of Nursing Statistics



(CASN, 2016; CNA & CASN, 2005)

In 2014-2015, the most recent Canadian data available, 1,002 students were accepted into MN programs, with 2,888 enrolled, and 685 graduating with an MN degree in 2015, demonstrating a steady increase since 1999 (CASN, 2016). See Figure 1.2.

Figure 1.2 Canadian Master of Nursing Statistics



(CASN, 2016; CNA & CASN, 2005)

This data confirms that enrollment into MN programs in Canada has more than doubled in fifteen years and almost tripled the number of graduates. Even with these increases nationwide, university level nursing schools were unable to fill 49 full-time faculty positions, representing a

1.8% vacancy rate (CASN, 2016). While this data demonstrates a steady increase in acceptance, enrolment, and graduation, a nursing faculty shortage has not been prevented. It is important that numbers of MN graduates continue to grow to prevent a worsening of the nursing faculty shortage as evidenced by 39.3% of permanent faculty being age 55 and over, and the pool of MN and PhD students being insufficient to maintain the current and future demand for nursing faculty (CASN, 2016). The nursing faculty shortage has baccalaureate nursing programs hiring MPNs to fill vacant faculty positions (Anderson, 2009). While it is important that the number of graduates be sustained it is also important to consider the factors that affect the recruitment and retention of recent MN graduates as novice nursing faculty.

Faculty Recruitment and Retention

Focusing on the increase in admittance, enrollment, and graduation of nurses with MN degrees has not prevented a nursing faculty shortage (CASN, 2016). It is therefore important to consider recruitment and retention of nursing faculty. Numerous factors affect faculty recruitment and retention and are acknowledged barriers to an adequate supply of qualified nursing faculty. These factors include: a lack of masters and PhD prepared nurses wanting academic positions, lower salaries for masters and PhD prepared faculty as compared with salaries available in practice settings, a lack of maintainable funding to create full-time positions, issues with high workloads, higher retirement rates due to age of current faculty with 58.1% of permanent faculty being 50 years of age or older (CASN, 2016), and an insufficient number of masters and doctorally prepared nurses graduating from schools of nursing (AACN, 2012; CNA & CASN, 2012; CASN, 2014; CASN, 2015b; CASN, 2016).

The ability to maintain adequate levels of nursing faculty directly impacts the ability of schools of nursing to educate and graduate new RNs, as well as master and PhD prepared nurses (Anibas et al., 2009; AACN, 2012; McDermid et al., 2012). Canadian data indicate that this challenge currently exists in Canada (CASN, 2016). Recruitment and retention has been identified as a challenge facing master's education in nursing in Canada (CASN, 2012). It is important to understand factors affecting retention. The ability to maintain faculty levels is affected not only by the hiring of MPNs as qualified faculty but also by the ability to retain them (Regan, Thorne, & Mildon, 2009). A smooth transition experience may ensure that new faculty members choose to stay in nursing education, thus decreasing vacancy rates and turnover (Hunt, Curtis, & Sanderson, 2013). For academic institutions to successfully retain MPNs in the

academic setting, further research is required to explore the experiences of these nurses with the ultimate purpose of better supporting and assisting them to transition competently into their new role.

This study is significant because there is limited research addressing the needs of recently graduated MPNs and the perceived value of their MN education as they transition to the role of novice nursing faculty members. While there are numerous studies and articles discussing nurses transitioning to academia there was limited research found on the influence of MN education during this transition. This research is intended to explore and understand the perspectives of MN graduates in their new role as novices in the faculty role and the impact of MN education on this transition. This may create an opportunity for more experienced and expert faculty members and program administrators to reflect on ways to support/mentor novice faculty members, and for MN programs to more directly address curriculum change in order to facilitate this. This study may uncover unknown aspects of transition for MN graduates. It could provide insight to current and prospective MN students of the value of an MN degree when entering the academic sector. As noted above, exploring the experience of being a novice nursing faculty member who has transitioned from MN graduate studies into this new role is also important because of a national and international nursing faculty shortage (CASN, 2016). Understanding this problem is significant at both the local, national, and international level due to the widespread shortage of qualified nursing faculty (CASN, 2016).

Using the qualitative research approach narrative inquiry, stories were shared from recent MN graduates who are currently working as nursing faculty members as a way to explore the experience of transitioning into the novice nursing faculty role. This study was intended to explore role transition through the stories of novice nursing faculty to facilitate understanding of the experience of completing MN education and becoming nursing faculty members.

Study Purpose and Aims

The purpose of this study was to explore the stories of recent MN graduates transitioning to the role of nursing faculty member. The aim was to understand the experience of their transition and the value of MN education on this transition. Exploring the value of MN education on this transition provided insight into what aspects of the graduates' education helped or hindered this transition. Researching this transition was important as this information is lacking in nursing literature and this research will assist in filling a research gap. A qualitative research

approach was chosen as there is no literature on this specific topic. Qualitative approaches are beneficial when exploring un-researched areas and can yield findings on which to base future qualitative and quantitative studies (Patton, 2015). Qualitative research analyzes and interprets the ways in which people make sense of their lived experiences (Patton, 2015). Exploring the stories of MN graduates in their transition to nursing faculty gives voice to their perspectives and points of view. Each individual's story is unique as it is told differently, provides a distinctive way of working through transition, and offers differing perceptions of the value to their MN education.

Understanding the experience of role transition and what the experience says about the significance of academic preparation is clearly lacking for MN graduates. If dissatisfied with their new employment experiences, MPNs may choose to resign from these positions, or leave the profession, creating job turnover and negatively impacting patient care (Jones, 2008; Lartey, Cummings, & Profetto-McGrath, 2014; "Nurse Job Satisfaction," 2013). The experiences of novice nursing faculty need to be explored and understood for effective recruitment and retention into academia (Davidson, 2011). Through the narratives of MN graduates, this study explored stories of their transition, the value of MN education on the transition to nursing faculty, and how their ways of knowing evolved through their experiences. Their voices expressed their stories and provide readers with a richer understanding of their experiences.

Theoretical Model

The theoretical model to guide this study was Benner et al.'s (2009) novice to expert nursing transition model. Experiential learning is an overarching theme of Benner et al.'s model. Experiential learning is influenced by the learner's knowledge and experience (Kolb, 1984). Learning is a continuous and fluid process where the learner brings his/her own individual learning needs and experiences to the learning environments (Kolb, 1984). Knowledge is constructed from a foundation of prior knowledge (Hill, 2017). This draws upon a constructivist approach where learning is viewed as a continuous cycle (Fry, Ketteridge, & Marshall, 2015). Constructivism theory views learning as an active process where learners construct new ideas and concepts from their current and past knowledge as learning is built on previous knowledge (Brandon & All, 2010). Drawing on previously learned knowledge and skills as well as reflecting on learning are constructivist actions (Handwerker, 2012) and complement Benner et al.'s novice to expert nursing transition model.

A theoretical model that focuses on role transition was chosen as researching the experiences and stories of recent MN prepared nurses who have transitioned into the role of nursing faculty member was the purpose of this study. As the participants transitioned into the role of novice nursing faculty member theory and practice intertwined in a mutually beneficial process as new skills and abilities developed (Benner et al., 2009). Benner et al. (2009) write that both theory and practice must be cultivated and appreciated for one to reach expert status when starting as a novice. The novice to expert nursing transition model focuses on situated skillful behavior as well as the use of knowledge (Benner, Sutphen, Leonard, & Day, 2010). Benner et al. express that this model takes into account increases in skilled performance based on experience and education and is based on the belief that individuals learn from experience and practice (Benner et al., 2009; Pena, 2010). It also describes the five phases of transition to expert practice; novice, advanced beginner, competent, proficient, and expert (Ramsburg & Childress, 2012). Benner et al. (2009) also state that this model is a foundation for knowledge development and career progression in the clinical area.

Master of Nursing Knowledge as Experience

In the absence of other proven theoretical models used to describe the transition from MN graduate to the role of nursing faculty member Benner et al.'s (2009) model was chosen. This allowed me to see how it applies in the context of MN prepared nurses transitioning to the role of nursing faculty member. This nursing theory believes that expert nurses develop skills and understanding over periods of time through appropriate educational backgrounds as well as through multiple experiences (Petiprin, 2016). Payne (2015) wrote that nursing experience is the totality of all exposure to specific nursing knowledge. This knowledge can be gained through clinical experience and formal and continuing education (Payne, 2015), such as MN education. The CASN (2015a) found that MN programs "provide practice learning experiences to foster the use of best available evidence, theories, and expertise in an advanced nursing role" (p. 13) such as the role of novice nursing faculty member. MN education also prepares students to demonstrate "the ability to integrate in-depth knowledge and professional expertise in an area of practice" (p. 13). Benner et al.'s model explored the ability of MN graduates to integrate their in-depth nursing knowledge, gained through MN education, with their professional expertise, to the area of academia as novice nursing faculty members.

Novice to expert transition model applied to novice nurse educators. Benner's (1982) novice to expert nursing transition model has successfully been used as a model to describe the transition into academia for novice nurse educators. Brown (2015) utilized Benner's model and applied it to the journey of novice nurse educators transitioning to an academic educator role. Brown's qualitative case study dissertation focused on understanding the motives, challenges, positive experiences, and perceived support that they encountered while moving from clinical practice to academia. Recently, Harper (2017) utilized Benner's model to understand the methods that guided the development of nurse educators who had successfully transitioned from novice to expert nurse educators. As with Brown's and Harper's studies this thesis also focused on themes related to Benner's phases. This thesis study was interested in the first three years as nursing faculty members immediately following MN education which complement the first three phases of Benner's theoretical model. The first three phases are focused on as they represent the first two to three years of practice to be considered established and competent and no longer be considered a novice (Benner et al. 2009). The time-frame of the first three phases corresponds with Kumi-Yeboah and James' (2012) approach of considering a novice educator to have three years of experience or less.

Master's education provides experience. This model is applicable for this research study as it illustrates the progress an individual demonstrates through experience and personal and professional growth (Pena, 2010). Master's education, in general, provides experience in successfully dealing with complex issues systematically and creatively, and facilitates the independent ability to address issues and problems (Councils of Ministers of Education, Canada [CMEC], 2007). Master's education builds on knowledge and competencies gained from undergraduate study and demands an increase in specialized knowledge and intellectual autonomy compared to undergraduate degree programs (CMEC, 2007). Master's education provides experiences to develop and demonstrate advanced research skills under direction of a supervisor or to demonstrate required research, analytical, interpretive, methodological, and expository skills through course exercises (CMEC, 2007). Through the experience of master's education, graduates gain the qualities for employment that require sound judgement, personal responsibility, and initiative in complex and unpredictable professional environments (CMEC, 2007).

When focusing specially on MN education, CASN (2015a) established that MN programs are designed to prepare RNs for advanced roles in the nursing profession. Students will exhibit extensive nursing knowledge that builds on the knowledge of a baccalaureate nurse in areas of research, practice, communication and collaboration, professional autonomy, and leadership (CASN, 2015a). CASN (2015a) documents explain that MN programs not only prepare students to coach, mentor, and teach nursing students but also to build a culture of learning in a specific area of nursing practice that nurtures a spirit of inquiry. Graduate school experience can also play a significant role when deciding to pursue a career in academia (Stark, Perfect, Simpson, Schnoebelen, & Glenn, 2004) and be a deciding factor for graduate students choosing to become and remain faculty members (Oshoneye, 2009). Graduate school experience may also provide an understanding of academic careers before the first faculty position has begun (Austin, 2002). As Benner et al.'s (2009) novice to expert nursing transition model is the theoretical model being used to outline the transition from MN graduate to novice faculty member these five phases will now be explored.

Novice Phase

Novices encounter a variety of situations for the first time (Brown, 2015) with the core challenge being the inability to use discretionary judgement (Benner et al. 2009). Immersion in a new environment and lack of experience in the position in which they are to perform, novices use rules and policies to guide their actions (Ramsburg & Childress, 2012). Benner et al. (2009) believed these guidelines, while necessary for the novice, may limit performance as no one rule can inform a novice which actions are most important in real life situations or when exceptions to the rules are required. With adequate support in the initial novice phase the novice faculty member should successfully transition to the advanced beginner phase (Benner et al., 2009).

Novice nursing faculty. Initially, novice educators are uncertain and lack confidence in their decision making skills and feel a sense of failure when they make mistakes (Anibas et al., 2009; Dempsey, 2007; Felder, 2007; Schoening, 2013). Novice educators face challenges implementing different pedagogical styles (Brown, 2015) and are more focused on content and less on the learner (Schoening, 2013). Nurse educators may be transitioning from nurse-student relationships previously experienced in clinical practice to experiencing teacher-student relationships for the first time (Schoening, 2013). Establishing new relationship dynamics and boundaries with students in an academic setting can be challenging for novice nurse educators

(Schoening, 2013). Novice educators are learning new responsibilities and understanding new work and role expectations (Anderson, 2009). Applying Benner et al.'s (2009) novice to expert nursing transition model, novice nursing faculty members are taught to follow guidelines, as well as policy, procedure, and orientation manuals (Brown, 2015). When presented with objective thinking and rationale the novice educators are provided with direction and support in this new role (Brown, 2015), providing direction and assistance in navigating the rough waters (Anderson, 2009).

Novice educators require more support and guidance and are often expected to know how to teach with no previous teaching experience (Schoening, 2013). A lack of or limited orientation and mentoring to this new role can create feelings of being overwhelmed when attempting to learn and apply new skills and knowledge with a lack of previous experience (Schoening, 2013). Novice educators experience a lack of structure and mentorship, realize that relationships are different with nursing students than during previous clinical practice, role ambiguity, and feelings of being a novice after being an expert in clinical practice (Schoening, 2013). When adequate support such as mentorship was provided Schoening found the transition was enhanced.

Advanced Beginner Phase

The advanced beginner is able to demonstrate an acceptable performance to some degree (Benner et al., 2009) but may have difficulty prioritizing information related to his/her practice (Horvitz & Beach, 2011). This nurse has successfully dealt with enough real situations to be aware of reoccurring meaningful situational components (Benner et al. 2009). Aspects are global characteristics that need prior experience in legitimate situations to be recognized; aspect recognition relies on prior experience (Brown, 2015). Advanced beginners require support and guidance when setting priorities; mentors can help guide their actions (Benner et al. 2009). This is a time of great transition in knowledge, gaining comfort in the clinical environment, and self-understanding as a clinical nurse (Drumm, 2013).

Advanced beginner nursing faculty. Novice nursing faculty search for information required to improve their work such as fact finding, searching for mentors, engaging in faculty development activities, and actively engaging in becoming a competent educator to help them transition to their new role. This was also found to be true by Anderson (2009) as novice academic educators ask questions to obtain needed information. Novice educators may also rely on past experiences as clinical nurses due to lack of experience as educators which allows them

to slowly gain confidence in their new role (Schoening, 2013). This is done through applying past nursing knowledge and experience to teaching situations (Schoening, 2009).

Drumm (2013) described her own experience of being a nurse educator in the advanced beginner stage as extensively planning lectures in detail with acute detail to content as a priority. This was also found to be true by Schoening (2009, 2013) in which educators ‘over-prepared’ when presenting new information and for student encounters. Extensive planning and over-preparing stemmed from fear of failure and self-doubt in their ability to teach (Schoening, 2009, 2013). Drumm explained that lecture content is just starting to include personal clinical experiences and examples. The classroom setting may still be intimidating for the nurse educator but the classroom climate encourages collaborative discussions of questions and answers between educator and students (Drumm, 2013). The nurse educator is beginning to build confidence based on experience and is implementing new teaching strategies that focus on the learning needs and engagement of students and less on themselves as educators (Schoening, 2009).

Competent Phase

The competent nurse is beginning to see the bigger picture and has typically been employed for two to three years (Benner et al. 2009). Objective thinking advances and the competent individual is able to see abstract perspectives of problems (Benner et al. 2009). Conscious and purposeful planning helps achieve a higher level of efficiency and organization (Benner et al. 2009). The competent nurse is able to determine priorities based on knowledge and previous experience (Brown, 2015). The ability to plan allows the individual to organize responsibilities and accomplish them independently (Brown, 2015). The ability to master skills and successfully work through and manage varying situations is developing in this stage (Benner et al. 2009). Competence includes mastering the fundamentals of practice while doing it efficiently and confidently (Horvitz & Beach, 2011).

Competent nursing faculty. In the competent phase, nurse educators are conscious of long-term plans and goals and are aware of their own actions contributing to those goals (Ramsburg & Childress, 2012). The competent educator does not focus solely on lecture content and lecture notes and begins to include student experiences into the classroom content (Drumm, 2013). Students are encouraged by the competent nurse educator to look up answers to their own questions when the answer is unknown (Drumm, 2013). The educator is now feeling comfortable

in the new role and is establishing boundaries within teacher-student relationships (Schoening, 2013). The competent nurse educator has started shifting his/her perception from themselves outwards to the needs of others (Anderson, 2009; Brown, 2015).

Proficient Phase

Proficient nurses have gained enough experience to now see the bigger picture, the whole of a situation rather than a set of individual aspects. Through experience the proficient nurse learns what typical events to expect in specific situations and how to adapt actions in response (Benner et al. 2009). The nurse is able to view current clinical situations in terms of past clinical situations allowing for a higher skill level of perception (Benner et al., 2009). Growth in perceptual ability allows the nurse to assess the situation and respond appropriately (Drumm, 2013). The proficient nurse has the experienced based ability to hold holistic views and a practice guided by long term goals and deeper understanding (Benner et al. 2009). This improves decision-making and the skill of prioritizing competently (Benner et al. 2009). Proficiency typically takes 3-5 years to develop (Brown, 2015). A proficient practitioner is able to view their practice within a broader picture, appropriately determine priorities, and adapt to changes in circumstance that need different decisions or actions (Horvitz & Beach, 2011).

Proficient nursing faculty. The proficient nurse educator is able to include innovative teaching strategies and students' experiences into their classrooms. Focus includes more than lecture content (Drumm, 2013). Educator-student relationships are built on mutual respect and trust with students asking questions, providing answers, and contributing overall to lectures (Drumm, 2013). The student's learning needs are recognized and incorporated into group activities (Drumm, 2013). New teaching strategies are implemented and student feedback is requested and incorporated (Drumm, 2013).

Expert Phase

Expert nurses have the ability to intuitively comprehend and understand situations (Ramsburg & Childress, 2012) and rely on intuition (Benner et al. 2009). There is no longer a reliance on rules, principles, or policies to guide practice (Brown, 2015). Experts depend on their intuitive grasp of situations, analyze situations quickly and accurately, and choose a course of action decisively with no time wasted on thinking, researching, or unnecessary actions (Benner et al. 2009). The expert nurse understands the correct questions to ask and the correct solutions to use (Brown, 2015). The expert nurse uses engaged practical reasoning relying on developed and

practiced understanding and a perceptual grasp of differences and similarities in specific situations (Drumm, 2013).

Expert nursing faculty. Becoming expert nurse educators requires time as well as formal and informal education and experience (Gardner, 2014). An expert educator has the ability to create a desire in students to be learning in and out of the classroom, to view learning not as a task but a life-long adventure (Drumm, 2013). Five years is the minimum timeframe most likely to encompass competent, proficient, and expert nurse educators (Benner et al., 2009). Experts have an extensive knowledge base, understanding, and experience that allows them to successfully mentors novices (Brown, 2015). Experts/mentors are valuable to novices (Brown, 2015) and essential for a successful role transition to nursing faculty (Anibas et al., 2009; Cooley & De Gagne, 2016; Danna et al., 2010; McDonald, 2010). Gardner (2014) identified characteristics of effective, and otherwise expert, nurse educators. Participants considered effective nurse educators to have taught full time in an RN program for a minimum of five years, the minimum time to include competent, proficient, and expert nurses (Benner et al., 2009), and were recognized and nominated by peers as effective educators (Gardner, 2014). Characteristics of effective educators were described as: confident but humble, flexible, engaged, having the ability to reflect on self and practice and implement necessary changes, valuing mentoring of newer faculty, employing multiple teaching strategies and sharing them with others, and able to engage and connect with students while accommodating individual learning needs (Gardner, 2014).

The use of Benner's Model in Educational Settings

To further understand the use of Benner's (1982, 1984, 2001) and Benner et al.'s (2009) novice to expert nursing transition model in educational contexts an additional search was completed with the help of an education librarian in May, 2017. The University of Saskatchewan databases "Education Database" (formerly ProQuest Education Journals), "Google Scholar," "Web of Science," and "ERIC (Ovid): Education Resources Information Center" were recommended by the education librarian and were used to complete this search. Through this search it became clear that Benner's novice to expert theory of skill acquisition is extensively referenced throughout recent literature found in these databases in varying contexts both within and beyond nursing.

The work of Benner has been applied to various forms of professional practice (Horvitz & Beach, 2011). Horvitz and Beach (2011) found that a program implemented to increase online teaching efficacy was an effective tool in aiding university faculty to make the transition from novice, advanced beginner, or competent to more expert self-concepts and practices when online teaching. This study demonstrates that education aided the transition to more expert practice in the area of university faculty and online teaching. Researchers studying the experience of psychiatrists found that as they moved from novice to expert they combined previous knowledge with experience when treating postpartum psychosis patients (Engqvist, Ahlin, Ferszt, & Nilsson, 2011). These studies indicate that education, and education combined with experience, allows for advancement through the stages of novice to expert.

While the original work of Benner (1982, 1984, 2001) and Benner et al. (2009) is not considered new, using the model in this specific context is new. Benner's work was first introduced to me as a young undergraduate nursing student who was eager to soak up nursing theory. I then deeply related to this work as I transitioned from an undergraduate nursing student to the role of an RN. Understanding that I was a novice in this new role gave me an understanding of expectations as well as motivation to strive towards becoming as expert. After completing the literature review for this study and reading the dissertation by Brown (2015) Benner et al.'s theoretical model was utilized by this study to research the transition of MN prepared nurses to the role of nursing faculty member immediately following the completion of their MN degree.

Theoretical Model: Conclusion

The importance of novice nursing faculty competence cannot be overstated; it directly impacts the skills and abilities of future nurses (Ramsburg & Childress, 2012). Ramsburg and Childress (2012) found that formal education, such as a MN degree, may play an important part in acquiring skill due to confidence in knowledge base. This was also found to be true by Felder (2007) as generally, nursing graduate students believed their education prepared them for the educator role, provided a baseline of confidence, and they were able to apply knowledge gained in graduate school to the new role of faculty member.

Benner et al.'s (2009) model was adapted to see how it applies in the context of MN prepared nurses transitioning to the role of nursing faculty due to the absence of other proven models. Applying Benner et al.'s novice to expert nursing transition model may be applicable

because although these nurses enter into academia with graduate education and may be clinical experts, the academic sector requires skills, abilities, and experience that these novice faculty members may not initially have. Regardless of education qualifications and previous clinical experience they would be considered novices in the academic sector. As novice nursing faculty members' transition through these phases, understanding their need for support may help them gain confidence in their new role (Schoening, 2013) with the ultimate goal of faculty competence and retention. This model was useful for guiding this study as it emphasizes the importance of skill acquisition through experience and knowledge gain, such as MN education. As this study used stories it was recognized that the participants might have presented a different theoretical framework or model that was more applicable.

Statement of the Problem

This study addressed the research problem of the lack of knowledge and published literature on the experience of MN graduates transitioning to the role of nursing faculty member and the value of MN education on that transition.

Research Questions

Following a review of the literature, described in the following chapter, two research questions emerged that guided this study:

- 1) What are the stories and personal narratives of novice nursing faculty who have transitioned from completing a MN degree to the role of nursing faculty member?
- 2) What are the stories of novice nursing faculty that illustrate the perceived value of MN education in making the transition from MN graduate to the role of nursing faculty member?

These questions were posed with an overall attempt to meet the purpose of this study which was to explore the transition experiences of MN graduates to nursing faculty through stories and personal narratives. The questions also addressed perceptions of the value placed on MN education by novice nursing faculty while transitioning to the faculty role.

Limitation of the Study

It is important to recognize that this was an exploratory study that identified themes from the personal stories of recently graduated MPNs transitioning into the role of nursing faculty member immediately following completion of their MN degree. These themes should be further researched and developed through both qualitative and quantitative methodologies. The identification of these themes had the purpose of enhancing research and practice with respect to

transitioning into the nursing faculty role and the value of MN education on that transition but need to be further researched, explored, and tested before they can be generalized to other novice nursing faculty members.

Organization of the Study

This chapter provided an overview of the current realities of the nursing faculty shortage, its effect on nursing and nursing education, and emphasized the importance of recruiting and retaining qualified novice nursing faculty. This information emphasizes the need for research that explores the transition stories of recent MN graduates currently working as nursing faculty members. Chapter one included an introduction of the issue, relevance, and significance of the study, the purpose and aim of the proposed research, and the theoretical foundation on which the study is based. It also included a personal reflection on how I came to study this topic, and why I chose the use of narrative. Chapter two provides a review of the relevant literature on MPNs. As this literature was extremely limited a review and synthesis of the available literature on MN education and MPNs transitioning into academia from clinical practice was included. To provide more depth and another perspective, transition to academia literature with master's prepared participants was included from social work, occupational therapy, physiotherapy, and education. Chapter three describes the methodology for the study, including research participants and description of data collection and analysis. Chapter four presents the study findings, including the themes and patterns found. Chapter five presents a discussion of the findings. Chapter five also concludes the study with implications for future research and practice. This qualitative NI provides an exploration of the transition from an MN graduate to the role of nursing faculty with a focus on the perceived value of MN education during this transition.

CHAPTER TWO: REVIEW OF THE LITERATURE

Approach to the Literature Review

In order to understand the transition of MPNs to novice nursing faculty a comprehensive and ongoing search of several online databases was conducted. With the help of an experienced health sciences librarian searches were undertaken in September and November 2015 and then again in February, July, and September 2016. The University of Saskatchewan online databases “CINAHL,” “EBSCOhost,” “PyschInfo,” “ProQuest Nursing & Health Source,” “ProQuest Dissertations and Thesis Global,” and “PubMed” were used to conduct this search. “ProQuest Education Database” was also searched in April 2017. These databases were recommended and chosen due to their relevance to nursing, health sciences, and education. “EBSCOhost,” “PyschInfo,” and “ProQuest Education Database” were searched specifically because of their focus on education. Key terms such as “nursing” “career transition” “role transition” “transition” “faculty” “novice nursing faculty” “Master of Nursing transition” “Master of Nursing” “employment” “graduate education” “nurses” “graduate nurses” “post graduate students” “nursing students” “novice nursing faculty” “Master of Nursing employment” “master’s degree” “job transition” “nursing student transition” “novice nurse educator” and “nurse academic” were searched in combination or separately. To expand the findings and use relevant literature a snowball search was also conducted utilizing the reference lists of relevant articles (Grove, Burns, & Gray, 2013).

The inclusion criteria consisted of studies that focused on MPNs who were working at baccalaureate nursing programs as novice nursing faculty members. For the purpose of this study, a novice nursing faculty member is defined as an RN who has graduated with a minimum of a master’s degree and is employed at a baccalaureate nursing institution teaching baccalaureate nursing students for three years or less (Kumi-Yeboah & James, 2012). For this study teaching baccalaureate nursing students includes both clinical and classroom teaching. The focus of the search was to find research on MPNs transitioning into nursing faculty roles. The literature must have stated that the participants were nurses with a minimum of a master’s degree to be included. English language studies from the last ten years were included to reflect current contemporary university culture. Both qualitative and quantitative studies were reviewed although it was found that the majority of the studies were qualitative.

Exclusion criteria for the searches included literature that researched or focused on doctoral education and graduates, Nurse Practitioners, nurses who worked in academic or university sectors who did not have a minimum of a master's degree or it was not stated that the participants had master's degrees, and master's graduates who transitioned to employment areas other than nursing faculty at baccalaureate nursing programs. This exclusion criteria allowed the review to focus specifically on MPNs transitioning into academia. Literature was also excluded if it was published before 2006.

Master of Nursing Degree

While graduates with an MN degree were the focus of this study the majority of literature found did not state the discipline in which the graduate degree had been completed. No literature was found that distinguished between the different types of master's degrees that nurses may have completed and the potential significance of this differing education on transitioning into the role of nursing faculty member. Literature specifically addressing MN degrees was searched and five pieces of literature were identified (Cangelosi, 2014; Drennon, 2008, 2010, 2012; Watkins, 2011b). They were reviewed with the intent of identifying significance or value placed on MN education.

Drennon, a prominent nurse researcher in Ireland, determined the professional and academic destination of MN graduates in Ireland (2008), measured critical thinking in MN graduates, and identified increases in management and leadership capabilities as a direct result of MN studies (2012). Watkins (2011b) researched the influence of a MN degree on the professional lives of British and German nurses as well as its significance on the professionalization of nursing. Lastly, Cangelosi (2014) discussed transitioning to nursing faculty roles and that included MN prepared participants specifically. These five studies will now be discussed starting with the works of nurse researcher, Drennon (2008, 2010, 2012).

Drennon's (2008) a cross-sectional postal survey of 322 graduates from MN programs in Ireland examined the professional and academic destinations of MN graduates. Drennon found that over fifty percent of participants were employed clinically, approximately twenty-five percent in the area of nursing education, sixteen percent in nursing management, and a tenth in research or other roles. A significant number of graduates received promotional opportunities after completing master's degrees and attributed this promotion and subsequent pay increase to their qualifications as master's graduates, a finding comparable to later research by Watkins

(2011b). A small minority, all of whom worked in nursing education, stated they were interested in pursuing PhD studies. The vast majority viewed the MN degree as a final academic achievement that was integral to their careers. Overall, participants believed the completion of a master's degree developed a higher order of thinking and analyzing skills that could be applied to management, clinical, and educational employment within health care services (Drennon, 2008).

Drennon (2010) measured the critical thinking skills of MN graduates using the Watson-Glaser Critical Thinking Appraisal tool with a cross-sectional cohort design. The study findings indicated that MN graduates had moderately higher critical thinking scores than MN students beginning their degree. While the completion of a MN degree is associated with an increase in critical thinking skills, the increase was modest. Watkins (2011b) also found an increase in critical thinking and improved cognitive functioning following the completion of a MN degree. This included the ability to think as being structured, systematic, objective, and decisive (Watkins, 2011b). The work of Watkins will be discussed in more depth following the work of Drennon (2012).

Drennon (2012) evaluated the management and leadership outcomes of MN graduates. A cross-sectional survey using a retrospective pre-test design was used to measure self-reported management and leadership outcomes from their graduate programs. Participants reported they had made significant gains in their abilities to effect change in practice, communicate and work or lead in group, and to problem solve as a direct result of their MN program.

Watkins (2011b) used an interpretive research design to explore the effects of an MN degree on the lives of British and German nurses and then determine whether it improved professionalization of the nursing profession. Participants believed their MN degree increased personal and professional confidence through improved ability to communicate, gaining professional respect and credibility, and more developed critical thinking skills to implement evidence-based practice. All participants expressed that their MN degree helped them have confidence in the nursing profession and its role in patient care. An increased ability to critically think was interwoven throughout the study. Participants described this as 'thinking differently,' more objectively, in a structured and systematic way that is more focused. They were more decisive and quicker at making informed decisions based on research. Lastly, participants

expressed a broadened awareness of issues facing healthcare with a greater political understanding.

One study was found that included MN prepared participants and discussed transition to nursing faculty roles (Cangelosi, 2014). Cangelosi (2014) used a hermeneutic phenomenological study to investigate the experiences and challenges of twenty novice nursing faculty. Each participant held a master's degree in nursing, while four had doctoral degrees in nursing, and two were PhD candidates. All participants had two years or fewer of teaching experience at undergraduate nursing programs. In the research findings Cangelosi (2014) found that, although eight participants had formal education in teaching and learning practices they still required guidance on how to actually apply this knowledge. Participants who had received teaching preparation still had a need for mentoring. Interestingly though, these same participants showed more resilience when working through the lack of structure they experienced in the academic environment compared to those with no educational training. While this does not speak directly to the value of MN preparation on this transition it does highlight the benefit of receiving teaching preparation in graduate education. This was also found to be true by Benner et al. (2010) who wrote that increased emphasis on formal teaching preparation in graduate programs would assist in creating a secure future nursing faculty workforce. These studies provided insight into the influence and value of an MN degree for employment opportunities and advancing certain abilities and skills such as leadership, management, and critically thinking.

Motivation for pursuing a master's degree. It may be important to understand the general trends of RNs choosing to enter graduate school. Motivating factors for nurses completing a master's degree include: improving personal knowledge (Spencer, 2006), self-development, broadening career opportunities, and developing practice (Zahran, 2013), as well as viewing it as a personal and professional challenge (Gorczyca, 2013; Watkins, 2011a). Watkins (2011a) found that RNs believed a master's degree would improve knowledge and skills, improve professional status, and they would learn to further base their practice on evidence. Preparation for specialist nurse roles and promotion and developing practice of the nursing profession were also factors. Gould, Drey, & Berridge (2007) and Spencer (2006) found that career development was a motivator for entering a master's program. This was also found to be true by Watkins in her later study. Felder (2007) found that nurses were inspired to enter graduate education to learn to teach, engage, and share knowledge with students in the most

effective ways. Lastly, Spencer and Watkins both found that learning skills associated with the research process was also a motivating factor. In the following section important gaps in the literature will be identified.

Gap in the Literature

The gap in the literature was addressed regarding the experiences of recently graduated MPNs transitioning to faculty roles, and the impact they attributed to their master's education with respect to their ability to fill these roles effectively. The stories of these participants are important because the transition of recently graduated MPNs to nursing faculty roles is not fully understood and may impact job satisfaction and retention (Anderson, 2009; Donner & Waddell, 2011; McDonald, 2010; Spoelstra & Robbins, 2010). As noted in Chapter 1, many universities and colleges face a shortage of nursing faculty (AACN, 2012; Anibas et al., 2009; CASN, 2015; CASN, 2016; Cangelosi, Crocker & Sorrell, 2009; CNA & CASN, 2012) and there is an identified shortage of nursing faculty in North America (AACN, 2012; CASN, 2016). Attention must be given to this transition experience to improve the recruitment and retention of new nursing faculty and to ensure quality education for the nurses of the future (Anderson, 2009; Gardner, 2014; McDermid et al., 2012; McDonald, 2010).

Recently Graduated Master's-Prepared Nurses

There was no literature found that specifically researched the transition from a recently graduated MPN to the role of nursing faculty member. There was also a scarcity of research on MN graduates, education, and employment. It is important to note that the majority of the literature exploring career transitions for nurses focuses on the transition of BSN student to graduate nurse and the transition of clinical nurse experts to nursing faculty or novice nurse educators, and literature on recently graduated MPNs transitioning to nursing faculty was extremely difficult to find. From the search only three pieces of literature were found that focused on recently graduated MPNs (Donner & Waddell, 2011; Felder, 2007; Giallonardo, 2011). An invited essay by nurse experts Donner & Waddell (2011) and a commentary by recently graduated MPN, Giallonardo (2011), discussed the unique needs of recently graduated MPNs as they transitioned to employment but not specifically to employment as nursing faculty. One doctoral dissertation researched recently graduated MPNs working as nursing faculty members, and the socialization process into that role (Felder, 2007). These three pieces of literature are discussed in the following section.

The Needs of Recently Graduated Master's-Prepared Nurses

Donner, a prominent nurse researcher in Canada, and Waddell (2011) wrote, in an invited essay, that more information is required about the needs of recently graduated MPNs as they transition into the workplace. Readers were challenged to think about where and how recently graduated MPNs will be working and about preparing a future workforce that maximizes the potential of these nurses to improve the quality of patient care and fully engages them in leading needed system change (Donner & Waddell, 2011). Donner and Waddell state that more answers are needed to help meet the unique needs of recently graduated MPNs as they enter employment, meaning more research needs to be conducted.

As nursing researchers, Donner and Waddell (2011) question if educational and health institutions have been working closely enough with recently graduated MPNs, clinical practice nurses, managers, health professional colleagues and organizations to establish a shared understanding of the shift in curriculum content, teaching methodologies and outcomes of graduate nursing education. They are asking for an open dialogue among educators, recently graduated MPNs and the nursing field to discuss these issues. They also believe that a lack of attention to assisting the healthcare system to understand recently graduated MPNs may cause confusion and unrealistic expectations and, therefore, potentially diminish the positive integration of recently graduated MPNs into the workplace and workforce. MPNs are needed to provide care, leadership and scholarship in healthcare today and in the future (Donner & Waddell, 2011). The profession of nursing cannot risk losing them because of failure to provide them with the help and support they need – particularly in their transition to new professional roles within the world of work (Donner & Waddell, 2011). Employers of recently graduated MPNs may have a faulty assumption that graduates enter employment confident in their ability to articulate and apply their advanced educational preparation in their professional practice (Donner & Waddell, 2011). MPNs are needed to provide leadership and scholarship in healthcare education, currently and in the future, so it is important that they are provided with the help and support they need especially in their transition to new professional roles within the world of employment (Donner & Waddell, 2011). The authors write from the perspective of PhD prepared nursing faculty which offers unique insight.

Giallonardo (2011) wrote a commentary from her perspective as a recently graduated MPN on what is required by these graduates for a successful transition into their new advanced roles. She pointed out the lack of literature on understanding the unique needs of this population as they have in-depth academic experience but limited field experience in the advanced roles they would potentially be working in. Therefore, the author focused on the need for formal orientation programs, preceptorship, and mentorship to support them.

Giallonardo (2011) believed that orientation programs for recently graduated MPNs are inconsistent, with differing lengths of time, intensity, and formality. Lack of consistency may lead to the lack of understanding of the unique learning needs of this group. This may result in these needs being unidentified and unmet. She wrote that formal mentorship models or paid preceptorship opportunities need to be implemented to provide the professional guidance needed to identify learning needs and the personal support required for successful transition to the complex role of MPN. Lastly, mentorship is discussed. Through an ongoing mentoring relationship between recently graduated MPNs and nurse leaders these graduates will potentially embrace and engage the attitudes and behaviours required for professional socialization, organizational acclimation, and success (Giallonardo, 2011).

These two important articles highlight the need for more research to be done on the needs of recently graduated MPNs as they transition into the workplace. This would help ensure that recently graduated MPNs continue to improve patient care, health outcomes, and contribute to nursing scholarship and leadership (Giallonardo, 2011).

The Socialization of Recently Graduated Master's-Prepared Nurses

The doctoral dissertation by Felder (2007) was included in this literature review as it researched recently graduated MPNs working as nurse faculty members, although it focused on the socialization process. This study adds depth to, and additional understanding of, the needs of recently graduated MPNs by providing another perspective through the experience of socialization. Socialization is defined in this study as “the process by which persons acquire the knowledge, skills, and dispositions that makes them more or less effective members of their society” (Felder, 2007, p. 16, as cited by Brim, 1966 & Weidman, Twale & Stein, 2001). Multiple similarities were found in the literature reviews between Felder’s study on socialization and the research proposed here on transition, potentially because recently graduated MPNs and the faculty role are being studied in both. These similarities included lack of information found

on recently graduated MPNs and more literature found on the topic of undergraduate (BSN) nursing students.

Felder's (2007) qualitative study used in-depth interviews from fifteen completing or recent graduates of a master's program in one American state. It used the phenomenological method to collect and analyze data. Several findings emerged from the analysis of the study's data that highlight the transition from master's student to educator or perceived value of MN education on that transition and will now be discussed.

Valuable learning experiences occurred during the participants MN education that included teaching practicums where working side by side and supervised by experienced faculty resulted in rich learning experiences. This also included learning from writing, research, projects, creating presentations for target groups, and completing theses. All the participants verbalized ways in which their learning from graduate school had started to change their practice. This included: incorporating best practice into their own nursing practice after teaching it to students, increased confidence in teaching research after completing a thesis, increased comfort when talking and lecturing due to an understanding of nursing concepts, realizing the time and energy to prepare lectures and syllabus, and establishing appropriate boundaries with students.

Participants expressed a commitment to the future of nursing and the nursing profession. They reflected on the difficulty of appropriate relationships and relating to younger generations of nursing students. Twelve participants expressed the desire for feedback from faculty and peers. Others expressed learning to receive and appreciate constructive feedback so it could be implemented to help make changes, expand thinking, and improve themselves as academics and educators. Participants expressed idealized versions of their view of specific nursing professionals in academia that they wanted to emulate. They saw these professionals as role models and were inspired by and learned best practices from them. Participants accepted the identity of a nurse educator and were surprised when faculty members accepted them as equals. Women's issues combined with the increasing workload for nurses and faculty members was found to be an overarching theme that touched all aspects of this study. Women's issues included stereotypical gender roles such as working in a 'caring' profession and balancing responsibilities including being a wife and mother.

The one pattern that emerged was defined as “learning to juggle.” Learning to juggle, what Felder (2007) described as the essence of study, included balancing the demands of work, graduate school, family, and other responsibilities while embracing the attitudes, beliefs, and practices of nursing faculty. From the research findings Felder wrote of the importance of senior faculty members being aware of their role in the socialization of new faculty, the significance of graduate students making connections to other students and faculty members during graduate school, and more engagement with senior faculty to hear their stories and learn some of their practices.

An implication for practice recommended by Felder (2007) was to include structured mentoring programs in academic institutions for novice educators. The interview findings demonstrated multiple reasons why this was important, including: the role change from clinical nurse to nurse educator requiring a new skill set, participants expressing feelings of inadequacy and uncertainty in meeting the responsibilities required of the faculty role, and limited opportunities for socialization during graduate education. Realizing and understanding the experiences of recently graduated MPNs by providing another perspective through the experience of socialization adds to the understanding of the needs of this group.

Prominent Themes Found in the Literature

Since there were very few studies that addressed the specific transition of recently graduated MPNs into nursing faculty roles, the literature review was expanded to look at other transitions that nurses experienced, to determine whether this body of work had relevance to this study. To meet inclusion criteria for this study, only literature with master’s-prepared participants was included. The most prominent body of literature was in the area of clinical nurse experts transitioning from clinical practice to the area of academia. Entering academia from clinical practice requires a major transition especially when transitioning from a clinical nurse expert to novice educator (Anderson, 2009; Anibas et al., 2009; McDonald, 2010). A clinical nurse expert is a nurse who is considered an expert in a clinical area of work, often working there for five years or longer (Anderson, 2009). The focus on transitioning from expert clinical practice is not surprising as health professionals often consider teaching once they are well-established in their profession (Smith & Higgs, 2013). This main theme will be discussed as it provided depth, context, and increased understanding of transition experiences.

Within the main theme of clinical nurse experts transitioning from clinical practice to the area of academia, four subthemes were found. They include: challenges faced by novice educators; learning the faculty role; conceptual models on work and role transition of the MPN; and overall transition experiences. Understanding these themes is necessary for creating approaches and programs that would enhance novice nursing faculty retention, strengthen the quality of nursing education, and increase personally satisfying educational experiences (Anibas et al., 2009; McDonald, 2010). The main theme of clinical nurse experts transitioning from clinical practice to the area of academia and the four subthemes will now be explored.

Transitioning from Clinical Practice to Academia

Nurses transitioning from clinical practice to academia was the area of research available while conducting the literature review. While faculty members may be considered expert clinicians with expertise in their specific practice areas (Anderson, 2009), as novice educators they require a major transition between the clinical and academic practice roles (McDonald, 2010). Transitioning from clinical practice to the nurse educator role requires not only learning, but embracing a completely different body of knowledge, skills, behaviours, and values to prepare for the new role and academic setting (Dumphily, 2011; Kelly, 2002 as cited by Dempsey, 2007). The work-role transition of expert clinical nurses to novice academic educators is defined by Anderson (2009) as “the human experience associated with entering a new community of practice” (p. 203). It is an ever changing, developmental process that includes emotional work, critical tasks, and personal and professional growth to assume the new identity, values, and knowledge base of the new role (Anderson, 2009).

There is variety of literature written on the transition of clinical nurses to academia with different specifications of academic qualifications. This study will focus specifically on the transition of MPNs from clinical practice to academia as nurse educators (Anderson, 2009; Anibas et al., 2009; Cangelosi, 2014; Cooley & De Gagne, 2016; Danna et al., 2010; Dempsey, 2007; Gardner, 2014; Poindexter et al., 2015; McDermid et al., 2012; McDonald, 2010; Schoening, 2013). More studies were found that researched this topic but did not specify the academic qualifications of the participants, such as being master’s-prepared (Cangelosi et al., 2009; Hessler & Ritchie, 2006; Manning & Neville, 2009; Reid, Hinderer, Jarosinski, Mister, & Seldomridge, 2013; Sanisteban & Egues, 2014; Schrinier, 2007; Smith & Zsohar, 2007; Suplee & Gardner, 2009; Wyte-Lake, Tran, Bowman, Needleman, & Dobalian, 2013) and were therefore

not included in this review. It is important to note that no studies were found that focused specifically on master's preparation and its potential value or lack of value on this transition. Eleven articles were found that discussed the transition from clinical practice to academia with master's-prepared participants.

Within these eleven articles there were seven academic titles that were used to describe the title of nursing employment, including: (1) nursing faculty (Anderson, 2009; Danna et al., 2010; McDermid et al., 2012; McDonald, 2010), (2) academic nurse educator (Anderson, 2009), (3) novice nurse educator (McDonald, 2010; Schoening, 2013), (4) nurse educator (Gardner, 2014; McDonald, 2010), (5) nurse lecturer (Dempsey, 2007), (6) novice nurse faculty (Cangelosi, 2014; Cooley & De Gagne, 2016), and (7) newly hired/ novice teaching academic staff (Anibas et al., 2009). These academic titles were found to be used interchangeably by authors throughout this literature. For this section of the literature review those titles shall be considered synonymous.

With regards to inclusion and exclusion criteria an exception was made for McDonald's (2010) article as the author worked with associate degree students and not baccalaureate degree students. This article was included as it added the personal perspective of the author as she was a recently graduated MPN transitioning from clinical practice to nursing faculty, which provided valuable insight into her experience.

Challenges Faced by Novice Educators

Nurses who transitioned from being experts in their previous clinical area of work, most often in a hospital setting, faced challenges when entering the academic sector in their new role as educators (Anderson, 2009; Gardner, 2014) and even with a master's degree this transition has consistently been found challenging (Anderson, 2009, Anibas et al., 2009; Cooley & De Gagne, 2016; Dempsey, 2007; McDonald, 2010; Schoening, 2013). Challenges faced by clinical nurse experts as they transitioned to novice nurse educators was the major subtheme found in this literature. Despite these papers, there remains relatively little known about the value of a master's education during this transition for a recently graduated MPN.

There are many factors that pose challenges for novice nursing faculty as they move from the clinical area. A descriptive qualitative study by Anibas et al. (2009) found teaching, evaluation, and personal and organizational skills as the main challenges of novice teaching academic staff. Anibas et al. (2009), Cooley and De Gagne (2016) and Dempsey (2007) all found

that other factors included lack of time, knowledge, and support. A lack of time to complete varied tasks regarding teaching responsibilities was a consistent barrier to teaching competence (Cooley & De Gagne, 2016). Schoening (2013) found that as new educators, issues arose with establishing boundaries with students, fear of perceived failure, and finding their own personal teaching voice (Schoening, 2013). There were also hindering factors, such as low self-confidence in their new role and fear of failure (Anibas et al., 2009; Dempsey, 2007).

McDonald (2010) shared her lessons learned from personal experience combined with an integrated literature review. She wrote that role transition and necessary changes can be overwhelming for novice faculty. Also, salary and workload, although two separate issues, are connected as it is challenging to be motivated with personal workload when lacking fair compensation (McDonald, 2010). McDonald found that a lack of competitive salaries for nurse educators has profound implications for the retention and satisfaction of nursing faculty and many continue their clinical practice to supplement income and remain current.

Major challenges found throughout the literature included: a lack of preparation in educational knowledge and teaching skills (Anibas et al., 2009; Anderson, 2009; Cooley & De Gagne, 2016; Dempsey, 2007; Gardner, 2014; McDermid et al., 2012; McDonald, 2010; Schoening, 2013), a need for mentorship from senior faculty members (Anibas et al., 2009; Cangelosi, 2014; Dempsey, 2007; Gardner, 2014; McDonald, 2010; Schoening, 2013), and lack of orientation to their new role and the academic sector (Anderson, 2009; Anibas et al., 2009; Cooley & De Gagne, 2016; Danna et al., 2010; Dempsey, 2007; Gardner, 2014; McDonald, 2010; Schoening, 2013). Due to the current and future faculty shortages, investment by academic nursing programs in supporting the challenges experienced by clinical experts who are new to nursing education is essential for their retention as faculty (Anibas et al., 2009; Cooley & De Gagne, 2016). The major challenges, including lack of preparation, need for mentorship, and lack of orientation will now be discussed.

Lack of preparation. A lack of academic educator preparation in MPNs who moved from the clinical area to the academic sector was seen throughout this literature review (Anderson, 2009; Anibas et al., 2009; Cooley & De Gagne, 2016; Dempsey, 2007; Gardner, 2014; McDermid et al., 2012; McDonald, 2010; Schoening, 2013). Clinical competence and expertise, although important, does not prepare clinicians for teaching students (Anderson, 2009) and many start their first academic employment with no formal preparation and learn to teach

during their first years (Schoening, 2013). To become a competent nurse educator one must have time, formal and informal education, as well as experience (Gardner, 2014). This process of learning to teach is characterized by discomfort at being a novice again, uncertainty about how to learn to teach, and fear of failing in this new role (Dempsey, 2007; Schoening, 2013). Novice nursing faculty also acknowledged a perceived knowledge deficit in regards to academic responsibilities when teaching students (Cooley & De Gagne, 2016).

MPNs are commonly recruited into faculty positions due to the shortage of nurse educators (Anibas et al., 2009; Cooley & De Gagne, 2016; National League for Nursing, 2010, as cited by Gardner, 2014; McDermid et al., 2012). Often these master's-prepared clinical experts lack an adequate knowledge base and preparation for the complex, multifaceted, and specialized role of an academic nurse educator (Anderson, 2009; Anibas et al., 2009; Cooley & De Gagne, 2016; McDermid et al., 2012; McDonald, 2010). The majority of Schoening's (2013) twenty participants believed that the lack of formal pedagogical training hindered their transition into academia. This was also found to be true by Cangelosi's (2013) study participants.

Dempsey (2007) found that participants believed that being master's-prepared was helpful but did not sufficiently prepare them for the practical responsibilities of the faculty role. This was also found by McDonald (2010) as she wrote that even with a master's degree in nursing education, novice educators may feel inadequately prepared for the classroom and clinical settings. Anibas et al. (2009) found that several participants considered it a challenge that their highest level of education was a master's degree; participants reported feeling less valued and more disposable than PhD prepared nursing faculty. The inadequate preparation of the knowledge and skills for education that expert nurse clinicians who move into the academic setting face is reportedly not a new phenomenon (Anderson, 2009).

Lack of knowledge and skills. Inadequate preparation in the knowledge and skills needed for competently educating nursing students is a challenge being encountered by master's-prepared clinical nurse experts who transitioned into the academic setting (Anderson, 2009). Novice nurse educators may have had minimal formal preparation and training for the role of educator (Anibas et al., 2009). Novice nurse educators begin their academic careers with much less pedagogical teaching than their colleagues did a generation ago. This is largely due to graduate schools emphasising research production over nursing administration or education

(Schoening, 2013). This can result in novice educators lacking confidence in their teaching abilities and performance due to their inexperience (Cooley & De Gagne, 2016).

Schoening (2013) found that new nurse educators felt they were left to “sink or swim” in both the clinical and classroom setting. Participants expressed a lack of pedagogical and curricular knowledge and were shocked when employers had expectations that they would know how to teach without any prior experience (Schoening, 2013). Insufficient preparation in the knowledge and skills for education is only one aspect of the challenges facing expert nurse clinicians who move into the academic setting.

Teaching nursing students in academia. Teaching nursing students is different than practicing nursing and when novice educators move into faculty positions with a lack of preparation it is a major stressor, especially in the first year of teaching (Gardner, 2014; Schoening, 2013). Educator-student relationships are different than nurse-student or nurse-patient relationships. They are a new dynamic for novice faculty for which time is necessary to become familiar and comfortable. Even previous experience working with students on a nursing ward in a preceptor role is not necessarily comparable to the stresses experienced in student interactions in faculty roles (Anderson, 2009; Schoening, 2013). Also, experiencing negative student interactions, although infrequent, was a stressful and unsettling experience that were often due to the educator role including evaluation of students (Schoening, 2013). This was acknowledged as a significant difference between nurse-patient and teacher-student relationships (Schoening, 2013).

Need for mentorship. Mentorship is an actively pursued, long-term relationship that develops over time, established on feelings of connection and trust, and is considered mutually beneficial (Anibas et al., 2009). Formal mentoring involves a program designed where new faculty are assigned a mentor and informal mentoring involves a relationship that evolves naturally (Anibas et al., 2009). Mentorship can support new nurse educators through the culture shock and stress of the transition period (McDonald, 2010) and decrease employee turnover (Anibas et al., 2009). Mentorship is so valuable that it could be the difference between the retention or loss of new educators in the academic setting (McDonald, 2010). Literature shows that novice nursing faculty have found the transition from clinical practice to the academic sector stressful, with minimal guidance and mentoring to assist in the adjustment (Anibas et al., 2009;

Cangelosi, 2014; Dempsey, 2007; Gardner, 2014; McDonald, 2010; Penn et al., 2008; Schoening, 2013).

A literature review by Cooley and De Gagne (2016) found that the number one factor to ease the transition into academia was the support of a faculty mentor. Faculty mentors assisted in reducing major barriers in clinical nurses' development and were considered instrumental and irreplaceable in the transition of new faculty members (Cooley & De Gagne, 2016). In a hermeneutic phenomenological study, Cangelosi (2014) investigated the experiences of novice nurse faculty to increase understanding of the challenges they encountered. One main theme identified by all the participants was described as "searching for a mentor." The consensus was expressed disappointment or frustration regarding the lack of structure and guidance they received (Cangelosi, 2014). Participants wanted assigned formal mentorship, but it was also stated that even when a mentor was assigned they were often unavailable. A desperate need for guidance and consistent mentoring was easily recognized throughout all the participant interviews (Cangelosi, 2014). Frustrating experiences were mixed with valuable and fulfilling experiences although all participants identified a need for help when learning the faculty role (Cangelosi, 2014).

All participants in Gardner's (2014) phenomenological study emphasized the importance of mentorship and the support of colleagues. If formal mentoring was unavailable, participants found that informal mentorship or supportive colleagues, who shared similar philosophies of education and were open to communication without judgement, were crucial (Gardner, 2014). Schoening's (2013) grounded theory also found that when a formal mentor had not been assigned, participants found someone among their peers as a "go to" person. This person demonstrated and elicited the workplace, formal pedagogical, and curricular knowledge they desired, and could provide emotional support during the transition (Schoening, 2013).

In a naturalistic inquiry by Anibas et al. (2009) mentorship was one of the main categories found when participants shared their experience of being novice nursing faculty members. Participants described a desire for mentorship and saw limited opportunities for it in their employment setting. Mentorship experiences varied between participants, and most related experiences with a supportive individual, but no participants described having a long-term mentored relationship that evolved over time (Anibas et al., 2009). Gardner (2014) researched nurse educators with a minimum education of a master's degree who were considered by their

peers to be exceptional nurse educators. Mentorship, formal and informal, was an important theme that emerged from the lived experiences of these nurse educators when they began their careers in academia.

Dempsey (2007) found that due to a lack of mentorship and orientation in the academic setting and no formal education on how to effectively teach, participants believed a successful role transition had been hindered. A theme found in Dempsey's study was "actual and potential support structures available," characterized by the desire for the support of a mentor during the initial stages of transition and for mentoring programs. When participants felt that colleagues provided support and made themselves available to offer help, it made a significant difference in their transition, decreased anxiety, and was found to be essential (Dempsey, 2007).

Lack of orientation. Research is limited in regards to orientation programs for new nursing faculty (Cooley & De Gagne, 2016), however, Danna et al., (2010) found that an organized, thorough, and comprehensive orientation is the first step in offering the necessary information and essential tools to guide new nursing faculty. This would include an overview of the institution, the school of nursing, and individual course loads and assignments (Danna et al., 2010). Orientation, as well as time to get comfortable in their new setting before students begin at the start of the term, is important before starting a new academic career (McDonald, 2010).

Anibas et al. (2009) found that novice faculty believed the orientation they received was insufficient instruction for their new role and responsibilities as nursing faculty members. Cooley and De Gagne (2016) found that participants expressed a significant discrepancy in what they believed they would learn as new educators from their institution of employment and the reality of what they actually received in regards to guidance and instruction. Novice academic educators may even receive no formal orientation at all (Anderson, 2009) with no participants in Gardner's (2014) phenomenological study reporting having received any orientation at all to clinical teaching.

Schoening (2013) found that new nurse educators felt they had not been adequately orientated to their new role as educators. Participants provided differing accounts of their orientation process, even within the same institution (Schoening, 2013). Participants described their orientations as brief, often only lasting a couple hours (Schoening, 2013). All six participants in a study by Dempsey (2007) stated that they had received minimal orientation to their new lecturer role and the academic environment, often with orientation including only a

campus tour and the giving of office keys. The consensus among participants was they had received inadequate orientation for the role of lecturer and nurse educator (Dempsey, 2007; Schoening, 2013).

Learning the Faculty Role

Nurse academics often transition from the clinical setting with limited preparation, not only for the job of educator, but the complex faculty role and all it encompasses (McDermid et al., 2012). It is not only knowledge of job role that is missing but also incorporating a new set of values and norms and establishing a new professional identity (Anderson, 2009) of “nurse” and as an “educator” (Schoening, 2013). A new faculty position brings a new culture with social norms and expectations that the novice faculty is expected to fit (McDonald, 2010). The novice nurse educator, as part of the new academic role, is expected to learn about the organization, the academic nurse educator role, and teaching in both a classroom and clinical environment (McDonald, 2010) with new faculty members frequently having expectations that are inconsistent with the realities of the faculty role (Schoening, 2013).

The new role of nursing faculty was recognized in the literature as exhausting, overwhelming, anxiety provoking, stressful, and requiring an extensive new knowledge gain while often lacking sufficient guidance and co-worker support (Anderson, 2009; Anibas et al., 2009; Dempsey, 2007; McDonald, 2010; McDermid et al., 2012). The transition also caused feeling of uncertainty and isolation associated with changes in responsibilities (Anibas et al., 2009; McDermid et al., 2012).

A major category in Anibas et al. (2009) study described a variety of feelings that were expressed by participants. These feelings included: worry, frustration, uncertainty about the quality and competence of their performance and unknown expectations, confusion, awkwardness, isolation, expendability, and fear regarding patient and student safety (Anibas et al., 2009). Increased peer feedback, a colleague formally or informally mentoring and providing constructive feedback, helped alleviate this anxiety (Anibas et al., 2009).

Faculty responsibilities include more than just teaching. The transition was particularly stressful and challenging because of the large amount of new work and responsibilities (Anderson, 2009; Cooley & De Gagne, 2016; Dempsey, 2007; McDermid et al., 2012). It was a surprise to new educators that the role of educator was such a change from previous employment as clinical experts (Anderson, 2009; Cooley & De Gagne, 2016; Dempsey,

2007; McDermid et al., 2012). New educators were unaware of how challenging and time consuming it would be to prepare for classes and clinical teaching while meeting the demands for service, research, and scholarship (Gardner, 2014; McDonald). New faculty felt they were deficient and unprepared for the practical side of teaching, such as marking exams and papers, and for administrative roles (Dempsey, 2007). A challenge and barrier that McDonald (2010) found in a literature review and in her own transition to a nurse educator and was that of workload. Workload is variable depending on the number of courses, mix of clinical versus classroom, with classroom preparation traditionally taking longer than for clinical teaching, and the workload percentage such as full time or part time (McDonald, 2010).

A theme in Gardner's (2014) study, "being part of a bigger picture," is characterized by new faculty realizing that teaching is only a small portion of their new role. All participants realized that in addition to teaching nursing theory and clinical courses, their role also included expectations of committee work, service, and varying scholarly activity (2014). McDonald (2010) found this to be true, as in addition to teaching hours, other requirements include office hours for student meetings and preparation time, and committee and faculty meetings. In the university environment educators, depending on their role, may be expected to engage in service, research, and scholarship, in addition to teaching.

Dempsey (2007), who studied Irish nurse lecturers, found that participants' expectations of what they thought their new role would involve, was extremely different than the reality of the job, indicating new lecturers were rarely prepared through their education or experience for the multiple role expectations. In Ireland, with diploma in nursing studies recommended to be replaced by a four year university based degree in nursing science, nurse educators were encouraged to complete master's degrees in nursing to prepare for this transition (NEATE, 1998 & The Commission of Nursing, 1998 as cited by Dempsey, 2007). This presented challenges as traditionally the nurse educator role included only teaching and the new expanded role included research and administrative duties (Dempsey, 2007).

Conceptual Models on Work and Role Transition

Two conceptual models that described the work and role transitions of nurses who were master's-prepared from the clinical setting to academia will now be discussed. The first conceptual model emerged from a naturalistic inquiry in which Anderson (2009) used the metaphor of a mermaid entering a "sea of academia" to describe the six patterns found when

expert clinicians assumed the role of full-time faculty. These six patterns included sitting on the shore, splashing in the shallows, drowning, treading water, beginning strokes, and throughout the waters. The purpose of this study was to describe and explain the work-role transition of clinical experts who became novice nurse educators. The second model was created by Schoening (2013) who performed a qualitative grounded study to create a theoretical model that explained the social process that occurs during the role transition from nurse to nurse educator, the Nurse Educator Transition (NET) model resulted. Four important phases in transition were found to occur from nurse to nurse educator: (1) anticipation/expectation, (2) disorientation, (3) information seeking, and (4) identity formation. In this model a successful transition is the integration of the two identifies “nurse” and “educator.” These two models will now be discussed with Anderson’s mermaid metaphor explored first.

A mermaid entering a “sea of academia.” A work-role transition occurs when entering a new professional practice and was defined “as the human experience associated with entering a new community of practice” (Anderson, 2009, p. 203). Anderson (2009) described the challenges of recruiting MPNs into the academic sector and explained the work-role transition of clinical experts who became novice nurse educators. Nurses considered clinical experts (greater than 5 years full time experience) who transitioned into the role of novice full-time nursing faculty in baccalaureate nursing programs and who lacked an educational background were interviewed.

The first pattern, “Sitting on the Shore,” occurred before entering the academic setting, and is characterized by thinking about change, feeling emotions ranging from fear to excitement, and having expectations about students, workload, and educator skills, or feeling naïve.

“Splashing in the Shallows,” the second pattern, was characterized by having a lighter workload and responsibilities and occurred when the transition was just beginning. Novice nurse educators shadowed experienced faculty and described this phase as a honeymoon sensation.

“Drowning,” the term chosen to represent the third pattern, was characterized by participants being overwhelmed. References to “sink or swim,” and “in over my head” were common. Five characteristics were found in this pattern, including: leaving the comfort zone, fitting in and establishing relationships, learning and unlearning, facing reality, and questioning. Participants realized they were transitioning from being a clinical expert to a novice again, were attempting to establish working relationships with colleagues and students while establishing

credibility as educators, and learning a new vocabulary, environment, responsibilities and commitments. Relearning content outside their previous clinical experience or unlearning content as to understand it as the beginner level also occurred during this pattern. Participants faced the reality of what being a nurse educator entailed and faced challenges such as looking for resources, working with technology, experiencing politics, reflecting, and resolving unrealistic expectations. Lastly, during this pattern, participants questioned whether the move to becoming an educator and this new role was the best fit for them. Participants had feelings of self-doubt regarding their abilities as educators as well as dealing with the loss of their expert status as they were novices in their new role.

The fourth pattern, “Treading Water,” has three characteristics: keeping up, adjusting, and needing or soliciting feedback. These characteristics included participants feeling just ahead of students in regards to content, adjustments being made in workloads and priority setting, and searching for feedback. Supportive feedback from colleagues and continued teaching experience helped the average participant to the next pattern, “Beginning Strokes.”

“Beginning Strokes,” the fifth pattern, was most commonly seen in first year educators but generally took two years to be grounded in this pattern. Unlike the first four patterns which were focused on self and survival, participants began to move focus from themselves to the needs of others. Characteristics of this pattern are: identifying and initiating change, reaching out, recognizing rewards, developing vision, finding balance, and regaining comfort and confidence. Changes were made within participant’s courses and teaching methods. Participants became more involved in the academic community and were a resource to others. No longer were participants only living in the moment but were now thinking into the future and were using insight gained from experience. Participants were finding balance between teaching, clinical practice, and their personal lives. Lastly, participants started to feel comfortable in their new role and were able to enjoy the experience of their new work.

The sixth pattern, “Throughout the Waters,” described characteristics seen throughout the first two years of transition to academia as novice academic educators. Characteristics seen in this transition included: integrating expertise, striving for excellence, seeking answers, and reacting to students. As clinical experts, participants used this experience to guide elements of their teaching practice. Novice educators wanted to make the experience as excellent as possible for their students and to perform their role at the best possible level. Participants were looking

for answers to their questions and many found this part of the transition frustrating. Working with students included both positive and negative experiences, such as relating to generational differences, and teaching at-risk, international, or accelerated program students.

This conceptual framework was developed as representative of the experiences of one group but suggests it is most likely transferable to others transitioning into academia in other levels of nursing programs. It is also suggested to be transferable to those graduating from nurse educator graduate studies and entering into the academic setting, which would therefore potentially make it applicable to this study specifically.

The Nurse Educator Transition Model. Schoening (2013) conducted a qualitative grounded theory study to create a theoretical model that explained the social process that occurs during the role transition from nurse to nurse educator, the NET model resulted. There were 20 participants in this study, eleven having master's degree and nine having doctoral degrees. Four important phases in transition were found to occur from nurse to nurse educator: (1) anticipation/expectation, (2) disorientation, (3) information seeking, and (4) identity formation.

The anticipation/expectation phase is a positive time period when the nurse decides to become a nurse educator, wants to make a difference by influencing future nursing students and pursuing meaningful scholarship and research, and has expectations of positive teacher-student interactions, increased flexibility in work hours, and career advancement.

The second phase, the period of disorientation, began when the nurse started to work as a nurse educator. This phase is characterized by the realization of the lack of work structure, formal mentorship and orientation, and the disorientation at being a novice again after being an expert in a previous nursing role. Participants felt they were “thrown in,” “flying by the seat of their pants,” “winging it,” or expected to “sink or swim.”

In the third phase, information seeking, participants searched for information to perform work independently. This phase is characterized by self-directed activities such as finding a mentor, engaging in faculty development activities, fact-finding, over preparing for responsibilities due to a fear of failure, and taking their learning of how to teach into their own hands. Participants relied on their previous experiences as nurses, due to their lack of experience as educators, to help them build confidence in their new roles.

The final phase, identify formation, is characterized by the integration of the perceived identities of “nurse” and as “educator.” For the majority of participants this identity formation

was done through the establishing of boundaries. These boundaries were important to draw as participants realized the differences between nurse-patient relationships and teacher-student relationships, and the necessity of boundaries following student interactions. With time, educators gained experience and confidence and took ownership of their new role by choosing their own teaching philosophy and style and individualizing their classroom and activities to fit their personality.

In the NET model a successful transition is the integration of the two identifies “nurse” and “educator.” Participants who believed they transitioned successfully from nurse to nurse educator established appropriate boundaries with students, became comfortable with the consistent ambiguity of the academic setting, and embraced their new role as a nurse educator and the responsibilities it encompassed.

Overall Transition Experiences

While the transition from clinical practice to academia is difficult with participants experiencing stress and anxiety initially (Anderson, 2009; Anibas et al., 2009; Cooley & De Gagne, 2016; Danna et al., 2010; Dempsey, 2007; Gardner, 2014; McDonald, 2010), when looking at the overall picture of career development and trajectory it has also been regarded as a favourable and positive experience (Danna et al., 2010; Dempsey, 2007). Surprisingly, although there were many criticisms of the role transition initially, with novice lecturers questioning whether they had made the right choice leaving the clinical area, it was seen to be an overall favourable experience (Dempsey, 2007). This was especially true from the perspective of leaving behind chaotic clinical environments to a much more predictable and flexible academic environment (Dempsey, 2007). As participants accepted their role change, gained experience in their new role, and familiarized themselves with their new environment, initial negative feelings decreased (Dempsey, 2007). Dempsey (2007) found that in general and overall, participants expressed that their transition experience had been challenging but worthwhile. Danna et al., (2010) also found that the transition from clinical practice to an academic career had given participants interesting and rewarding challenges and opportunities for career advancement and development, as well as professional satisfaction and fulfillment.

Not all studies resulted in participants believing their transition to academia had been positive. The results of Cooley & De Gagne's (2016) hermeneutic phenomenological qualitative study portrayed an experience that was lacking important information and supportive guidance, such as mentoring. When reflecting on barriers to becoming a competent novice nurse educator, a sense of being alone in unfamiliar circumstances with great responsibilities with limited support available was apparent (Cooley & De Gagne, 2016). Nurse lecturers experienced negative feelings as they were no longer in clinical practice and experts in their previous role, and felt a loss as they missed the clinical environment and contact with patients (Dempsey, 2007).

Anderson's (2009) participants' all described a unique work-role transition experience that was fluid, with no linear progression. This work-role transition included incorporating a new set of values and norms and developing a new identity as an academic educator (Anderson, 2009). Factors such as earlier work experience eased the transition and unrealistic work expectations hindered the transition (Anderson, 2009). Experience gained in clinical practice, such as inter/intrapersonal communication skills, teamwork, clinical expertise, outcome evaluation, program and project management, organizational skills, personal and financial management, and policy development were found to be valuable during the transition to a nurse educator (Danna et al., 2010). Utilizing experience from clinical practice aids the transition to academia, other requirements that allow for a successful transition are now discussed.

Requirements for a successful transition. For a successful transition to academia to occur, novice faculty must be appropriately prepared for and educated about the role expectations and demands before the transition begins (Dempsey, 2007; McDonald, 2010). This would help prepare the novice educator regarding the workload and intenseness of the role (McDonald, 2010). Providing a more realistic idea of the work hours required, especially initially, would help new educators decide if their new salary and benefits were adequate and appropriate for their efforts (McDonald, 2010). McDonald (2010) cautions the new faculty member to consider whether the demands in their personal lives make the right time for such a transition. A successful transition includes an understanding and acceptance of the expectations and demands of nursing faculty employment (Dempsey, 2007). It also includes the development of required skills and abilities to reduce stress and manage challenging conditions and situations (Dempsey, 2007).

Understanding the lived experiences of nurse educators who have transitioned into nursing faculty supports faculty retention (Gardner, 2014). Gardner's (2014) phenomenological study can help novice educators understand the lived experiences of other educators to help ease their own personal transition. Eight themes were found in this study and include: becoming a nurse educator, finding support, developing a teaching style, gaining confidence and competence, teaching and learning as partnership, being part of a bigger picture, the best and worst experiences, and looking toward the future. As participants' gained more experience in the art of lecturing and became more familiar with their new environment and institution of employment the role transition from nurse to nurse lecturer was viewed more positively (Dempsey, 2007). Themes arising from the literature as important factors for a successful transition included developing competence, mentoring, and faculty development and are now discussed.

Developing competence. According to Cooley & De Gagne (2016) the facilitators to developing competence as a novice nurse educator include: formal education, advice, guidance, people support, student evaluations, and personal characteristics. Formal education occurred during master's programs that included a solid foundation in teaching (Cooley & De Gagne, 2016). McDonald (2010) stressed the importance of having a master's degree in nursing education as well as knowledge about curriculum, evaluation, and multiple teaching strategies. Advice, guidance, and people support may have been from varying sources, such as faculty, colleagues, administrators, friends, or family (Cooley & De Gagne, 2016). Student evaluations were also useful in aiding self-evaluation and identifying and understanding where and how they needed to improve; participants realized the value of learner feedback to guide their professional development as nurse educators (Cooley & De Gagne, 2016). Personal characteristics were characterized by dedication to the nursing profession and its students, wanting to teach well and responsibly, and understanding the implications of their teaching (Cooley & De Gagne, 2016). All these factors were found to help in facilitating new educator competence. It is important to note that it can take two to three years to develop confidence and more than three years to begin feeling competent in their new teaching role which can be prolonged when the first years are difficult (Gardner, 2014).

Mentoring. Formal mentoring programs are essential to a successful transition as they foster a professionally supportive environment and ease the transition and into the new role (Anibas et al., 2009). This would include new faculty being introduced to their colleagues' research, teaching, and service responsibilities through faculty development activities and programs (Anibas et al., 2009). Experienced faculty providing mentorship and support facilitated the transition from the role of nurse to educator (Danna et al., 2010). Danna et al., (2010) found that sharing common interests and spending time working on projects with senior faculty who are open to new ideas increased the feeling of community and connectedness.

As new nurse educators, great value was found in observing and interacting with more experienced educators (Gardner, 2014). Dempsey's (2007) participants expressed that talking to colleagues and other novice lecturers about their experiences and creating coping strategies helped towards a successful transitions. Through their literature review Cooley and De Gagne (2016) found that one factor was essential in facilitating the transition to academia, the resource of a faculty mentor. The importance of a mentor, as noted in this study, is supported in the work of the previous review of the studies of Baker (2010), Cangelosi et al. (2009), and Schriner (2007). This was also true when Cooley and De Gagne (2016) analysed their hermeneutic phenomenological qualitative study, all participants acknowledged that having a faculty mentor was a vital resource for a successful transition to academia. New faculty may also find a faculty member who is an ideal match for support and mentoring, may it be personalities, values, or availability (McDonald, 2010). Camaraderie among new faculty members fosters an effective network of support, support for colleagues and is essential for a smooth transition (McDonald, 2010). Spending time in the academic environment, observing the role of lecturers before taking on the role themselves, and receiving more progress reports from senior faculty would have aided the transition (Dempsey, 2007). Understanding facilitators of a successful transition provides insight about the type of settings and conditions that foster the development of competence in the academic nurse educator's role (Cooley & De Gagne, 201).

Faculty development. Danna et al., (2010) found that faculty development opportunities addressing faculty needs contributed to a successful transition when becoming nurse educators. Faculty development programs, such as test question development, publishing workshops, strategies for effective lecturing and clinical facilitating, and clinical evaluation techniques eased the transition, allowed new faculty to interact with senior nurse leaders, and created a sense of

academic community and research interest among all faculty members (Danna et al., 2010). Collaboration with faculty, with the reciprocal relationship of learning and shared confidence, was valuable to novice teaching academic staff (Anibas et al., 2009). When novice faculty were supported their confidence increased and they felt a sense of belonging to a new group of colleagues (Anibas et al., 2009).

Master's Educated Professionals Transitioning into Academic Roles

The final step in the literature review involved a broadened search to provide additional understanding, varying perspectives, and more research on the topic of master's-prepared graduates transitioning into professional employment. The literature with respect to career transitions for physiotherapy, occupational therapy, social work, and education professionals was reviewed. In keeping with the inclusion criteria of this study only literature discussing master's-prepared graduates making these transitions was included. These professions were chosen as the research in these disciplines may have applicability and transferability to recently graduated MPNs. Physiotherapy, occupational therapy, and social work curriculums are similar to nursing education as students experience practicums and student/teacher roles, synthesize knowledge, implement personal professional judgement and communicate with interdisciplinary teams in their programs (Larimer, 2015). It is again important to note that literature on this topic was sparse. This literature looked at the experiences of physiotherapists becoming lecturers in the university sector (Hurst, 2010), occupational therapists transitioning into academics (Murray, Stanley & Wright, 2014) and Master of Social Work (MSW) students as they graduated and began employment (Larimer, 2015), and Kindergarten to Grade 12 teachers transitioning to teacher educators at the University level (Dinkelman, 2002; Dinkelman, Margolis, & Sikkenga (2006a); Dinkelman, Margolis, & Sikkenga (2006b); Hoyt, 2014; Wimmer, 2003; Zeichner, 2005).

Occupational Therapy Clinician to Academic

Murray et al. (2014) used a constructivist grounded theory approach in their qualitative research project and explored occupational therapy clinicians perspectives of what happens when they transition into academia. Transitioning from a clinical to academic occupational therapy role requires complex and multifaceted changes in values, beliefs, and identity (Murray et al., 2014). This transition was characterized by a demanding workload, needing to learn a complex new role that had different beliefs and values than previous clinical practice, and acknowledging

the significant amount of time it took to become comfortable and competent. It was also noted that a significant difference existed between clinical and academic cultures. Clinical culture was believed to be more team based while academic culture was perceived as competitive with a hierarchical structure. Participants questioned whether this new role in academia was the correct fit for them and if they wanted to stay. The theory of transition from clinical to academic occupational therapist is comprised of a process of 'weighing up the commitment,' participants wondering if they made the right choice, and the main category of 'good fit for me,' which is an indicator for a successful transition and includes a sense of belonging and feeling part of the culture.

Clinical Physiotherapist to Physiotherapy Lecturer

Hurst (2010) used a qualitative, interpretive design to interview physiotherapy lecturers in their first four years of teaching to explore their experiences of transitioning from a practising physiotherapist to becoming a physiotherapy lecturer in higher education. The purpose of this study was to understand these experiences in order to create ways of successfully managing this transition. While this study did not focus on the transition of Master of Physiotherapy graduates and their transition post graduate studies into academia it provided rich data on the transition experience into academia while having a master's degree and was included in the review.

Hurst (2010) found that although participants were previously successful in their practice they found the transition to academia challenging, with feelings of anxiety, uncertainty, and inadequacy. It took participants on average one to three years to feel comfortable in their new academic roles and professional identities. Participants believed that formal mentoring had been helpful but not as helpful as peer support and on the job learning. Six themes were found throughout the interviews and included: (1) learning expectations of their role and preparation for it, (2) helpfulness of transitional experiences such as mentoring, (3) how I coped, (4) entering a new culture, (5) increasing confidence and competence, and (6) double professional identities as clinician and academic. A successful transition was thought to include feeling confident in the development of their own personal pedagogy at the university level and feeling they were contributing to the learning community. The findings indicate that more effective strategies specifically focusing on pedagogical and research skills are required to support new physiotherapy lecturers who enter academia from clinical practice.

Master of Social Work Graduate to Employment

From the broadened search one dissertation was found that discussed recent MSW graduates and their first experiences as employees. Larimer (2015) used a qualitative, constructivist, grounded theory approach to study the transition process for master's-prepared graduates learning to be professional social workers. The findings are illustrated in her conceptual model, "Riding the Waves," which consists of five themes. The themes include the stages that these MPG transitioned through as they gained competence and confidence in their new roles and were titled: Testing the Waters, Jumping In, Sinking or Swimming, Treading Water, and Riding the Waves. Larimer (2015) recommended more transition preparation, increasing orientation and supervision, and incorporating more professional support. There is a knowledge gap in this area, as the concept of transition in master's-prepared graduates, much like in nursing, is largely overlooked in social work.

Career Transitions of Teacher Educators

To further understand the transition experiences of graduate students in Education to the role of faculty, as well as the value of graduate education on this transition, a search was completed with the help of an education librarian in May, 2017. The University of Saskatchewan databases "Education Database" (formerly ProQuest Education Journals), "Google Scholar," "ProQuest Dissertations and Thesis Global," and "ERIC (Ovid): Education Resources Information Center" were recommended by the education librarian and were used to complete this search. Search terms such as "career transition" "education faculty" "Master of Education" "teacher educator" "Master of Education graduates" "teacher educators in higher education" "from teacher to teacher educator" and "becoming teacher educators" were used. Through this search it became clear that there was a paucity of literature on the career transitions of teacher educators in higher education and the value of graduate education. Also, when literature was found that discussed graduate studies it most commonly referred to doctoral studies. The most relevant literature found will now be discussed.

Hoyt (2014) explores the journey of becoming a teacher educator which begins with enrolment into graduate school. His dissertation research focuses on the personal and professional experiences of graduate students currently becoming teacher educators and how they can better be supported. Interestingly, Hoyt found that graduate students, although former

classroom teachers, lacked preparation for the professional role of teacher educators. This was also previously found to be true by Dinkelman et al. (2006a) and Zeichner (2005).

When looking at career transitions including pursuing and completing higher education Hoyt (2014) and Wimmer (2003) found that the transition to becoming a university-based teacher educator was not always a conscious choice and was often the result of personal and professional experiences. Wimmer, in a dissertation, explored the career transitions of university-based teacher educators who originally taught in Kindergarten to Grade 12 systems. Wimmer found that faculties of education needed to provide more support to mentorship programs created specifically for university-based teacher educators to better support them in their new roles.

Dinkelman et al. (2006a, 2006b) researched novice teacher educators transitioning from Kindergarten to Grade 12 systems to university-based teacher educators. The purpose of these studies was to investigate the institutional contexts encountered, the combining of their previous identities as classroom teachers with their new identity as teacher educators, and the knowledge bases they utilized in their decision making. Participants experienced challenges and opportunities when encountering institutional contexts such as: new cultural norms, mores, supports, and the requirements of their graduate program in education and the teacher education programs in which they worked (Dinkelman et al., 2006a). Study participants described navigating the new role of educator from a school setting to university setting, learning what the institution offers, and learning what the institution requires and expects (Dinkelman et al., 2006b). Dinkelman et al. (2006b) found that participants, teachers becoming teacher educators once entering graduate school, drew more on previous knowledge and experience from classroom teaching than from their formal coursework (Dinkelman et al., 2006b). This was also previously found to be true by Dinkelman (2002). Formal coursework on teaching education was only believed to have a minimal influence on how participants shaped their teaching practices (Dinkelman, 2002; Dinkelman et al., 2006b). Participants did not believe that their graduate coursework fully supported and informed their work as teacher educators. This was found to be especially true in the first year of their teacher educating experiences (2006b). Participants determined they relied on intuition, personal experiences, and the experiences of others to be successful as novice teacher educators (Dinkelman, 2002; Dinkelman et al., 2006b). Dinkelman writes that while this may be what participants believe, it is may be impossible for participants to be aware of or articulate exactly how their graduate education has influenced them. This research

concluded that participants' believed that their formal knowledge base on teacher education only provided a minor role in facilitating their transition from teacher to university-based teacher educator.

Transitioning into Academia

It was interesting, exciting, and a bit surprising to realize that the transition experiences to academia are similar for master's-prepared graduates in these professions as well as in Education. Initial periods of stress, anxiety, feelings of being overwhelmed, and low self-confidence associated with a lack of skills and the ability to be an effective and competent educator were seen in MPNs, occupational therapist, physiotherapists, and social worker literature regarding transitioning into academia. These professions also support the use of mentoring and peer learning and structured orientation programs to support new academic educators.

Findings from these studies demonstrated that the transition experience was multifaceted and complex for all professionals. A successful transition was influenced by all health professionals though support of formal and informal mentoring as participants transitioned from clinical practice or graduate education into academia. Developing teaching knowledge and skills was a major challenge found in both nursing and physiotherapy novice educators with both identifying feeling of being a novice again (Anderson, 2009; Hurst, 2010). These findings support and identify professional commonalities between nurses, occupational therapist, physiotherapists and social workers transitioning into academia or professional practice.

CHAPTER THREE: RESEARCH METHODOLOGY

Introduction and Overview

Following the review of the literature NI was chosen as the most appropriate research methodology for this study. NI is well suited for this study because the aim is to explore the transition stories from MN graduate to the role of nursing faculty member. Using NI to understand this transition and the perceived value of MN education during this transition provided a unique lens for this inquiry to address the lack of knowledge on the subject. Narrative research provides an opportunity to participants who have been unheard or unseen to have a voice (Murphy, Peters, Wilkes, & Jackson, 2016; Trahar, 2013). Stories provide a way to develop and share new knowledge (Murphy et al., 2016). Narratives provide an insightful way to investigate how people come to know, understand, and articulate their lived experiences (Patton, 2015). It is a natural choice for the re-telling of stories. Narrative research is appropriate when searching for information about personal experiences and individual understanding of events (Murphy et al., 2016). There is strength and power in the sharing and understanding of participants' stories in the context of transition from MN graduate to novice nursing faculty member. In the last twenty-five years, narrative research has been used more and more frequently in studies of educational practice and experience, mainly because educators, like all humans, are storytellers who personally and socially lead storied lives (Connelly & Clandinin, 1990).

Narrative Inquiry as a Methodology

A qualitative research design allows for the exploration of a phenomenon and the views and meaning of that phenomenon for the study's participants (Creswell, 2012). Qualitative methods allow the researcher to gain insight into the phenomena through personal perception and meaning (Creswell, 2012). NI allowed for an exploration into what the participants decided were their most important stories with their own personal meaning. It gave the opportunity to explore the participant's ways of knowing through their story telling (Riessman, 2008). Knowledge gained from these stories offers the reader a richer understanding of the subject material and extra insight to apply the stories to their own context (Wang & Geale, 2015). MPNs were recruited who had completed an MN degree and then narratives were used to help understand their transition and the value of MN education on their transition into their new role as novice nursing faculty members. The purpose of retelling their stories, like any retelling of the

narratives of our lives, is to give possibilities for reliving, reflection, new directions, and new ways of doing things (Clandinin & Connelly, 2000).

NI is an appropriate method to use when the goal is to understand and share real-life personal experiences through the use of stories (Connelly & Clandinin, 1990, Clandinin & Connelly, 2000; Green, 2013; Patton, 2015). It is also commonly employed in areas of research where stories exploring individuals' lives, relationships, journeys, decisions, successes, and failures are desired with the purpose of rich and in-depth answers (Patton, 2015). Narrative methods are especially useful for researching experiences through time (Bleakley, 2005) and capturing the meaning of experience, such as transition from MN student to the role of nursing faculty member. The interpretation of subjective stories will provide a dimension of understanding of role transition that cannot be measured or predicted by the numbers or statistics of quantitative research. The focus is on individuals and understanding and uncovering themes among the participants.

Trustworthiness using Reflexivity and Member Checking

Reflexivity

Reflexivity and member checking were used in this thesis study to ensure trustworthiness (Holloway & Galvin, 2017). Researcher reflexivity involves researchers continually needing to reflect on their own personal experiences, values, and biases, and how they may affect their professional work (Creswell, 2013; Murphy et al., 2016). This is important in creating genuine and authentic partnerships especially in a NI research design (Murphy et al, 2016). It was important to openly acknowledge and explore potential subjectivity in my work (Carroll, 2009; Creswell, 2013; Green, 2013; Lyle, 2009). Previous personal and professional experiences were acknowledged as they could have affected the ability to create and continue relationships with the participants (Halcomb & Peters, 2016). Reflection on the motivation and reasons for undertaking this study was completed before and following each participant interview. This allowed for staying focused on the stories of the participants.

Reflexivity in NI required the researcher to critically reflect on preconceptions and reactions to the participants' stories, as well as reflect on relationships with the participants (Holloway & Wheeler, 2010). Ongoing critical reflection about preconceptions and actions added a degree of reflexivity to this thesis. This is important because the researcher is considered part of the study and the relationship between the participant and the researcher was an integral,

influential component of the study (Josselson, 2007). This allowed for an understanding of myself in relation to the research and an explanation for research choices (Malacrida, 2007). Personal truths, values, and realities could have affected how the interviews were interpreted and how the participant's narratives were represented through their stories (Creswell, 2013; Malacrida, 2007). Reflexivity was used in this study by keeping a reflexive journal throughout the interview and analysis process. Reflexivity through journaling is an integral part throughout the entire research process (Bradbury-Jones, 2007). The journal was used to depict impressions of participant interviews and their settings, additional data collected, personal insights when weaving together participant's interviews into stories, and any other important observations made.

My own reflections were also shared when the research findings were presented as this is also considered a part of reflexivity (Riessman, 2008). By sharing these reflections I was able to explore my experiences and understand how they potentially influenced the findings, interpretations, and conclusions (Creswell, 2013). I shared personal reflections in the following chapter of this study where the research findings were presented. I did not find that my own personal experiences as an MN student with previous teaching experience who may soon be transitioning to the role of novice nursing faculty created any biases. Rather I found that it fostered a connection between myself and the participants. We shared those experiences and were able to make meaning of them together. My education and transition experiences did overlap with the experiences of the participants but again this only created a sense of connection from the shared experience. Reflecting on my reactions to the participant's stories created a space for me to acknowledge my biases and reactions. I reflected on my biases and reactions in my journal, brought and discussed them with my supervisor, and shared them through my own stories in the following chapter of this thesis project.

Member Checking

Member checking was used as a measure to ensure trustworthiness of the interview transcription data and accuracy of interpreted themes. Member checking enhanced trustworthiness through sharing the transcript data with participants and having them check the accuracy of interpretations by confirming correctness and accuracy of the findings (Holloway & Galvin, 2017; LoBiondo-Wood, Haber, Cameron, & Singh, 2013). Member checking also allowed for ensuring the connections I made between themes were valid and correct

interpretations of the participant's shared information (LoBiondo-Wood et al., 2013). The participants were provided their initial interview transcript via email before the second and final interview so they could review it for accuracy. The second interview was then conducted to clarify and add depth and breadth to details (Munhall, 2007) since consultation between participant and myself as the researcher is tied to collaborative research (Green, 2013). The participants were also provided the transcript from the second interview via email and were able to contact me if there were any concerns with the transcription or interpretations. There were no concerns following the second interviews with all three participants agreeing their interview was transcribed correctly and themes were accurately interpreted.

Ethical Approval and Considerations

This study received ethical approval from the University of Saskatchewan Advisory Committee on Ethics in Behavioral Science Research on May 29, 2017. Following ethical approval participants were recruited. Written consent informing the participants of the research study purpose, process, risk and benefits, and expectations was obtained prior to their participation (See Appendix A). Potential participants were provided information for contacting myself, the researcher, with any questions or concerns. They were invited to complete the consent process by returning the consent form from their own individual email address with an indication that they agree to participate. Signing and returning the consent form from their individual email address indicated agreement to participate and completed the consent process. Alternatively consent forms were also signed in person before the commencement of the first interview.

There was a small possibility that participation in this study would result in a negative effect to the participants. The interviews could have brought up negative memories from the past, such as feelings of poor self-esteem or embarrassment, and were therefore conducted with sympathy and empathy. The participants did not have to discuss any topics that made them uncomfortable. If participants experienced undue discomfort they would have been referred to an appropriate professional to reduce any negative effects that had caused them concern. This was not found to be a concern as no participants indicated that they experienced any negative effects of being in the study. Alternatively all the participants expressed that the interview process was rewarding and enjoyable. All data has been kept confidential. Participants could have chosen to remove their consent at any time during the research process (Canadian Institutes of Health

Research, Natural Sciences and Engineering Research Council Canada, Social Sciences and Humanities Research Council of Canada, 2014) although none of them did.

Pseudonyms were assigned to each participant and results of the study were reported in such a way to promote each participant's anonymity. Participants were given the opportunity to choose their own pseudonym, otherwise I chose one for them. The name of places, organizations, and personal names were removed or changed to further protect anonymity. However, due to the potentially small number of participants anonymity could not be guaranteed. Participants were aware of this before consent was given. That being said all measures were taken to provide anonymity. Identifiable features of events such as names were removed from the transcripts to ensure confidentiality. Identifying data such as specific workplaces, professional backgrounds, dates, and names of colleagues were omitted or changed to ensure anonymity of the participants and others referred to by them in their stories.

Description of the Research Methods

Participants

Purposeful sampling was used for recruiting three participants who were MN prepared nurses and have been novice nursing faculty members for three years or less at a baccalaureate nursing institution in Saskatchewan. A novice educator is considered to have less than three years of experience within the educational environment (Kumi-Yeboah & James, 2012). The aim of recruiting three participants was achieved as narrative research is best used for capturing the detailed stories or life experiences of a single life or lives of a small number of individuals who are willing to share their stories (Green, 2013; Creswell, 2007, 2013). Ideally the number of participants in a qualitative study should be relatively small (Bogdan & Bilken, 2010); a small number of participants allows the researcher to gather data using an in-depth inquiry method (Creswell, 2012). This also allows for quality time spent with each participant and rich data provided on the phenomena (Curry, Numbhard, & Bradley, 2009). Often NI studies may include only one participant (Creswell, 2012, 2013). Therefore, an ideal number of participants would include three participants, one participant in each of the first, second, and third year as a faculty member which was achieved. This method requires careful selection of participants who have stories to tell regarding the focus of the study (Creswell, 2012). Purposeful sampling is appropriate for this study because it is not searching for a truth that can be generalized to a population but the exploration of participants' stories (Green, 2013).

Recruitment of Participants

The participants in this study consisted of MN prepared nurses who had graduated within the last three years and are currently working as nursing faculty at baccalaureate nursing programs in the province of Saskatchewan. I sought out nursing faculty members and nursing colleagues personally familiar to me whom I have been taught by or have worked with to see if they could suggest suitable participants who meet this criteria. The letter asking known nursing faculty and colleagues for assistance in selecting potential participants is provided in Appendix B. These known faculty members or colleagues were asked to email my letter of invitation and consent form to potential participants to invite them to participate in the study (See Appendix A). The letter of invitation asked potential participants to contact me by email or phone if they had any questions and to return the consent form to me via email if they were interested in participating. All three participants were recruited through this method. The potential participants were also encouraged to suggest other potential participants, a method known as snowball sampling. Snowball sampling involves current participants providing the names of potential participants who will also provide information rich interviews (Patton, 2015). While snowball sampling was used in this study no participants were recruited this way. Consent was obtained before each interview took place in accordance with the conditions of Ethics Board approval of the study.

Setting

The interview settings were based on participant's suggestions. The only criterion used in the selection of the interview setting is that it be conducive to conversation, provide anonymity, and comfortable for the participant. This was important so discussion could be held without interruption and without worry that participant's comments might be overheard by others. Angela chose to conduct both her interviews via the video link Skype. With Sally one interview was conducted in a private office space with the final interview being conducted in her home due to convenience and circumstance. Both of Kate's interviews were conducted in her home that allowed for both comfort and privacy.

Data Collection

For this study it was my goal to listen attentively to how participants shared their stories of transitioning into their first years as nursing faculty members and to represent these stories accurately for the participants. To meet this goal a limited number of participants were chosen that I could meet with and interview on two separate occasions. Participation included one semi-structured in-depth interview that lasted a maximum of two hours and a second interview for follow-up. The first interview gathered the initial data (See Appendix C). It was aimed to facilitate storytelling and elicit and explore stories of their transition as well as the perceived value of MN education on this transition. The initial interviews were recorded and transcribed verbatim. Given pseudonyms were used in the transcription of all the data. The second interviews ensured that participants were satisfied that their initial interviews had been accurately transcribed and that the themes had been accurately interpreted (See Appendix D). It also provided an opportunity to elicit and pursue more stories and expand on the stories told in the first interview. The second interviews were also recorded and transcribed verbatim. During the second interview participants had the opportunity to ask questions, comment on, clarify, and add or remove any parts of the transcript. Following the second and final interview the participants were provided the second transcript via email and had the opportunity to contact me with any concerns. None of the participants had any concerns with their second transcript or interpreted themes. A form indicating validation of each transcript was provided following each interview. A transcript release form was signed following the participant's review of each interview transcript that released the interview data for my use in accordance with the commitments made in the consent form (See Appendix E).

Interview Questions

Interviews are the basis of most narrative projects (Riessman, 2008) and the primary means of data collection (Creswell, 2013), and were used in this thesis study. The interview questions were used to begin discussion with the hope of building on the questions and exploring themes that became apparent within the participants' stories; the goal of NI is to create detailed accounts, not brief answers or statements (Riessman, 2008). The research interview was seen as a conversation with simple, open, and straightforward questions to elicit detailed responses (Riessman, 2008). The interview process included two active participants, the researcher and the participant, who together constructed narrative and meaning (Riessman, 2008). The stories that

emerged from the interview were seen as collaborative due to the interaction and dialogue between myself and the participants (Creswell, 2013). As an NI researcher I was aware that my emotional attentiveness, engagement, and the extent of reciprocity in the conversation may be more important than the specific wording of a question (Riessman, 2008).

Data Analysis

Data analysis in NI includes the stories and the themes emerging from them and results in the retelling or restorying of the narrative (Chase, 2005; Creswell, 2013). Restorying involves reorganizing the narratives into a framework that shares the data in a way that makes sense (Creswell, 2013). Restorying recognizes the important themes that are interwoven into the lived experience of participants and acknowledges and explores them (Clandinin & Connelly, 2000). The narratives were re-storied into accounts of the participant's experiences in the new role of novice nursing faculty member that thematically explored events. After the audio-recorded interviews were transcribed I coded the transcripts to help identify possible themes.

Data analysis in NI involves the story and the themes that become apparent (Creswell, 2013). I created and organized files for data by participant transcript, research question and stories, and codes and themes found (Creswell, 2013). Creating the narratives for this study complements Polkinghorne's (1995) 'analysis of narratives.' Polkinghorne (1995) describes this method as creating a narrative for each participant after completing in-depth semi-structured interviews and then analyzing them for themes embedded in the stories. The method of analyzing the data in this study is adapted from Creswell's (2007, 2013) qualitative data analysis strategies, Riessman's (2008) thematic analysis, and the third stage of Riessman's (1993) narrative analysis: analyzing. Riessman (1993) describes analyzing as difficult to distinguish from transcription: repeated listening with careful transcription frequently leads to insights that ultimately influence how narrative data is represented in text (Riessman, 1993). Riessman (1993) also writes that when analyzing narratives there is an explicit reliance on preferred concepts and theories. This form of analysis was applied to this study as analysis was done to see if Benner et al.'s (2009) novice to expert nursing transition model supported the stories described by the participants when transitioning from MN graduate to nursing faculty member. Using Riessman's (1993, 2008) chosen data analysis methods allowed me to focus on and explore what is being said and told, the narrative content. It is not uncommon for a narrative researcher to adapt or modify the method of data analysis for their study as narrative research represents a minimally structured

analysis procedure (Creswell, 2013) and there is no standard set of procedures (Riessman, 1993, 2008). This is especially apparent when compared to other qualitative methods such as phenomenology, grounded theory, ethnography, and case studies (Creswell, 2013). When reviewing data analysis methods used in NI research I reviewed the work of Beach (2008), Berry (2010), Francis (2014), and Roberts (2005) in which the minimally structured analysis procedure is apparent.

Analyzing the Data: Creating Codes and Themes

The first step I made in analyzing the data is creating codes. Codes are patterns that are identified in the data such as commonly used or specific words or distinctive actions observed by the researcher (Bogdan & Biklen, 2007). Coding the data required reducing the collected data into meaningful pieces and giving each piece a name (Creswell, 2013). When coding the transcript data it is aggregated into smaller categories and then evidence of the same codes were searched for in other participant transcripts (Creswell, 2013). When organizing codes I looked for similarities to Benner et al.'s (2009) novice to expert nursing transition model phases but also considered other themes that arose. Riessman (2008) explains that in the thematic analysis of narrative prior theory may serve as a resource for interpreting spoken and written narratives while at the same time researchers search for new theoretical insights from the data. Following the process of coding I decreased the number of codes that were combined to create broader categories called themes (Creswell, 2013). In qualitative research, themes are broad units of information that are made of several codes combined to form a common idea (Creswell, 2013). Following creation of each participant's themes, they were then compared between participants (Creswell, 2013). Themes are important to recognize in individual narratives and then throughout all the narratives (Chase, 2005). This style of analysis is consistent with what Riessman (2008) describes as thematic analysis, the most common form of analysis in narrative studies. Thematic analysis analyzes "what" is spoken during the data collection and the content is the exclusive focus (Riessman, 2008). In this study this was what was spoken during the interview process. Thematic analysis can be successfully applied to stories that are created through interview conversations (Riessman, 2008).

The data collected in a narrative study must be analyzed for the stories or objective experiences the participant is telling and then organized into unfolding events with turning points or epiphanies (Creswell, 2013). When classifying the data into codes and themes it is essential to

identify the story, locate epiphanies, and identify contextual materials (Creswell, 2013). An epiphany is an extraordinary event that occurs in an individual's life that represent a turning point (Creswell, 2013). When interpreting the data I tried to understand the larger meaning of the story (Creswell, 2013) as the analyzing of narrative data attempts to keep the story and the rich details they provide intact (Riessman, 2008).

The Final Analysis: Benner et al.'s Model

In the final step of data analysis the stories were analyzed with respect to the theoretical model of this study, the first three phases of Benner et al.'s (2009) novice to expert nursing transition model; novice, advanced beginner, and competent. This research study focussed on nursing faculty members in their first three years and the exploration of their stories which complements the first three phases of the model. Analysis was done to see if the stories were supported by Benner et al.'s model when transitioning from MN graduate to nursing faculty member. This final stage of analysis is supported by Riessman's (1993) final stage of data analysis. I reviewed the transcript data for relationships to the theoretical model of the study and the phases of novice, advanced beginner, and competent as described in Chapter 1. As mentioned previously when organizing the codes I looked for similarities to Benner et al.'s model but also considered other themes that arose. The results of this analysis are discussed in full detail in the following chapter. This model and an NI approach allowed me to explore the ways in which participants constructed meaning of the experience of transitioning to the role of a novice nursing faculty member and the perceived value of their MN education through the narratives they chose to tell and share. The process of restorying occurred following the completion of data analysis.

Restorying the Narratives

The stories in this study were created from the participant's own words with the narratives constructed verbatim as much as possible. When putting together the narratives I used the participants' own words but omitted or changed places, organizations, or names of individuals to ensure anonymity. When quoting the participants directly I used indented italicized font. This font change allows for a visual differential between the authored story and direct quotes from the participants. Participants' stories are presented separately with the stories presented thematically. When restorying the narratives I chose relevant interview data and restructured and reorganized it by weaving it together into coherent stories. This method of restorying was inspired by the methods used by Berry (2010) in a doctoral dissertation on

nursing leadership and acknowledges that the stories may not be directly similar to the transcript data. Berry also chose to remove speech interruptions, correct small grammatical errors, and change tenses when it improved readability of a distinct part of text, which I also did in this study for clarity of data. Removing or correcting “messy” spoken language and making it easily readable is consistent with thematic analysis as the focus is on the content of the narratives (Riessman, 2008).

Researcher Role

Understanding the role of the researcher is important in NI as it depends on the development of a trusting relationship between the researcher and the participants (Berry, 2016). This relationship can be desirable to nurse researchers as knowledge is created together and the relationship can be meaningful (Berry, 2016). When this relationship is mindfully created, the social gap between the researcher and participant is decreased allowing for an easy and mutual exchange of knowledge that is created together (Berry, 2016). Berry (2016) cautions though that narrative researchers needs to be aware of the power imbalances in the research relationship and that stories are told to explore the answers to questions, not discussed to work out problems therapeutically. The researcher is an active participant and together with the participant constructs narrative and meaning (Riessman, 2008). The stories that emerge from the interview may be seen as collaborative due to the interaction and dialogue between myself and the participants (Creswell, 2013). Narrative research is more than listening to a story and documenting it (Green, 2013); the participant creates the story to connect with the researcher who then assists in writing the story (Frost & Cliff, 2004). The researcher’s presence affecting the story is certain (Berry, 2016), unavoidable, and expected (Green, 2013). NI requires the researcher’s voice to be acknowledged, understood, and written into the document (Berry, 2016). This also provided reflexivity as I included my own thoughts, feelings, and perspectives throughout and following discussion of the research findings. The goal as a researcher was to understand the experiences of the participants through the reorganization of their knowledge into stories (Lindsay, 2006). Using NI required me, as the researcher, to acknowledge my subjectivity and to fully examine the impact of this subjectivity on this research project and its findings (Wang & Geale, 2015).

As a narrative researcher I not only recognized but embrace the subjectivity that results in this type of research. As the researcher I took an active role in restorying the participant's stories into a framework that organizes and makes sense of the data (Creswell, 2013). As a researcher I acknowledged that it takes time, dedication, hard work, and learning for novice educators to be able to reflect on personal experiences (Kumi-Yeboah & James, 2012) and conducted the interviews with compassion and empathy. The narrative researcher is not interested in facts or truths but the meaning presented in story form (Green, 2013).

Summary

This chapter described NI, the chosen methodology for this study. Using NI to explore the transition from MN graduate to the role of nursing faculty member and the perceived value of MN education during this transition provided a unique lens for this inquiry to address the lack of knowledge on the subject. Reflexivity and member checking were used in this thesis study to ensure trustworthiness. Ethical considerations that were appropriate for this study were discussed. Participant selection using purposeful sampling was described. In this type of sampling participants are chosen because they have certain characteristics (Hatch, 2002). The interview process and data collection were described and the process used for data analysis was outlined. Participants' words were organized into stories through restorying. This chapter explained the choice of using a methodology that explores the experiences of participants supported by Benner et al.'s (2009) novice to expert nursing transition model. The stories of MN graduates working as novice nursing faculty members were explored through analyzing their experiences in this new role as well as the perceived value placed on their MN education during this transition. These findings are outlined in detail in the following chapter.

CHAPER FOUR: RESEARCH FINDINGS

Chapter four addresses the research problem that guided this study, specifically the lack of knowledge and published literature on the experience of MN graduates transitioning to the role of nursing faculty member and the value of MN education on that transition.

The purpose of this chapter was to answer the two research questions presented in Chapter One: 1) What are the stories and personal narratives of novice nursing faculty who have transitioned from completing an MN degree to the role of nursing faculty member? and 2) What are the stories of novice nursing faculty that illustrate the perceived value of MN education in making the transition from MN graduate to the role of nursing faculty member?

The research problem was addressed in the form of re-storied narratives for each of the study participants. Re-storying recognizes the important themes that were interwoven into the lived experience of participants and acknowledges and explores them (Clandinin & Connelly, 2000). To create an accurate narrative for each participant each transcript was analyzed to identify common themes that emerged in the interviews guided by the adapted theoretical model, Benner et al.'s (2009) novice to expert nursing transition model. Through this analysis it became clear that accurately constructing the participant's narratives required developing a new model using the common themes that arose from within the participant's narratives. It was too restrictive to separate the participant's narratives into novice, advanced beginner, and competent phases of Benner et al.'s model as each participant shared stories that demonstrated characteristics of each phase. This was found to be dependent on previous teaching experience, ward nursing experience, employment in education and leadership roles, and which option of MN degree the participant chose to complete, thesis or course based. This was also found to be true by Benner et al. (2009) as a mixture of skill performance can be expected in the same person due to prior learning and the particular situation. A previous expert may even return to the novice stage when encountering new knowledge and experiences (Benner, 1984; Hatfield, 2011) such as the nursing faculty role. When common themes were compared between participants four distinct themes became apparent. The four distinct themes represent the process of transitioning into the novice nursing faculty role. They include: (1) Being a Novice, (2) Growing from Mentorship and Support, (3) Building on Previous Experience, and (4) Benefiting from Master of Nursing Education. Three of the themes, Being a Novice, Growing from Mentorship and Support, and Building on Previous Experience, are supported by the work of Benner et al. when

transitioning to more expert practice. The fourth theme that arose is Benefiting from Master of Nursing Education. Through analysis of the stories it was discovered that MN education aided the transition to more expert practice in the nursing faculty role. As participants transitioned from completing their MN degree to the nursing faculty role they combined previous experience with knowledge which is also supported by the work of Benner et al. Figure 4.1 represents the common themes found in the data that represent the process of transitioning to the novice nursing faculty role. These common themes informed the way the stories were reviewed. The result is the stories exploring the transition of MN graduates into the role of novice nursing faculty members.

Figure 4.1: Transition of the MN Graduate to the Role of Novice Nursing Faculty Member



The restorying process used the participant's own words by reordering, linking, and weaving their thoughts and stories into personal narratives created by using the themes that emerged. I chose pieces of dialogue from their interviews and added my own reflections on the dialogue in relation to the adapted theoretical model of the study. In this narrative thesis study my voice as the researcher is presented alongside the narrator. The chosen pieces of dialogue are included in block quotation format, using italicized font, to easily differentiate them from my own reflections, analysis, and interaction with the dialogue. They are coded to represent their

location in the recorded transcripts and are based on the participant's chosen pseudonyms (Angela – A; Sally – S; Kate – K). They are also referenced to either the first (1) or second (2) interview followed by the page number of the corresponding transcript. All names, people, places, and learning institutions that were mentioned in their stories were anonymized to ensure the confidentiality of participants.

This chapter concludes with a comparison of the sub-themes that arose within all the narratives between the participants. This comparative analysis also includes relating the findings to the literature presented in Chapter 1 and Chapter 2. The comparative analysis is then followed by my own personal reflection of what I have learned throughout this research process.

Angela's Story: The Transition to the Role of Novice Nursing Faculty Member

Angela is in her first year of teaching as a nursing faculty member after completing a course based MN degree. She is open to share the stories from her first experiences creating and teaching a nursing theory course and working through multiple unexpected challenging situations with students. Although I had not previously met or known Angela before our interviews talking to her was like visiting with an old friend, comfortable and easy. Angela was happy to conduct our interviews via a video link due to convenience. I had never conducted an interview over video link and felt out of my comfort zone. I wondered if a comfortable environment to share such personal stories could be created. I need not have worried as Angela was very comfortable using this form of communication and shared openly and easily. I feel that she did not hold back in anyway and felt comfortable sharing her experiences with me. She first entered academia when she began taking contracts as a clinical and lab instructor years earlier and felt that getting an MN degree was a natural career progression for her. The opportunity to complete graduate education online was conducive to her work and family life and felt like the right thing to do. It was exciting for me to talk with Angela as her own excitement about completing her MN degree and starting a faculty job was contagious. She encouraged me to keep working hard as the time and energy it took to complete her own MN degree was still fresh in her mind. Angela wanted to learn to provide an enriched learning environment for her students and to competently foster their inquiry which inspired her to enter graduate school. An academic career was never her intention but being offered a position at a baccalaureate nursing institution immediately following the completion of her MN degree filled her with excitement and she eagerly accepted the offer.

Being a Novice

Transitioning into the nursing faculty role was a learning curve even though she went into it feeling prepared. Not only was the planning and preparation for teaching her first theory course overwhelming, the time it took to correct assignments was much more than anticipated. This was a feeling that I could relate to as a Teaching Assistant (TA) during my own graduate education. I spent hour upon hour preparing to deliver a handful of lectures and am thankful for the experience as it opened my eyes to preparation expectations. Angela recalls vividly that her first teaching assignment was an extremely heavy workload and teaching a theory course was not what she expected. Angela did not receive an orientation to her new role which we agreed added to the feeling of being overwhelmed.

It was a very steep learning curve. Very very steep. Looking back at all the months of preparation and putting together all my course materials and it didn't really prepare me for the actual trouble-shooting during the course... I had students emailing me the evening before the midterm exam and final exam with personal situations. Saying they couldn't write the exam the next day. I wasn't quite sure about what the policy was on that. And they continually email, they're anxious. (A1-1)

Certainly teaching a course wasn't what I expected. It caused a lot of stress. I found it to be very stressful in terms of my other work commitments as well. I taught this course plus I had other clinical and lab commitments that same semester. It was an extremely heavy workload the term that I taught. If I were to teach this course again I would cut back on my clinical and lab roles to focus more on the theory course. But on the other hand if I were to teach this course again next year it would be a lot easier because it's already done, I've already done it once. It would be much smoother sailing. (A1-15)

Even though I had it all prepped before the beginning, in terms of my marking my first couple assignments, it took me a long time to start marking and really go through them. As I progressed with the marking of my assignments I was able to pick up my pace a little bit and still try and maintain my quality and my fairness from student group to student group. (A1-15)

An unexpected challenge that Angela encountered during her transition was the expectation of creating NCLEX style questions for her exams. In 2015 the NCLEX-RN replaced the Canadian Registered Nursing Exam (CRNE) as Canada's national licensing examination for

those applying to be an RN. With the implementation of the NCLEX the configuration of exam questions changed. She wishes she had been better prepared to write and create her own exams as that was an expectation in her new role. She recalls that there was no education on creating exam style questions during her MN education. It was not only creating NCLEX style questions that was a concern, but learning to appropriately challenge students with course content, to have her course be the correct difficulty level, to ensure them success when writing this new licensing exam. I was surprised that this was not taught during her MN education and so was Angela. Thankfully Angela was offered support in this area from many of her nursing faculty colleagues. They would frequently suggest resources or areas where she might improve her questioning; this support was invaluable to her.

I was very unsure, I never personally wrote the NCLEX, I wrote the CRNE years ago. I know that we're trying very hard to use NCLEX style questions. Just how to write NCLEX style questions, how to phrase your questions in a manner that compels the students to synthesize and analyze the knowledge and then provide an answer. And of course the multiple response questions, how do I do a multiple response question on a bubble sheet where the student can only fill in one bubble for that question? So that was a little bit of a challenge. (A1-3)

My final grades in my course I was very pleased with. Keeping in mind, was my course the proper difficulty level? Another concern, in keeping with when I was creating my content and my exams, is this too easy? These students are going to be writing the NCLEX and I don't want to be doing them a disservice by having content that is too easy and then have them struggle when they're writing the NCLEX exam. So that was a concern of mine at the time... And in terms of grade inflation I worried that maybe this was too easy, what am I going to do if my average is 93%? However conversely I don't want it to be 53%. I want this to be challenging but not too challenging. (A2-4)

The first time I created my exams, I didn't know how to write NCLEX style questions. A faculty member that I had contacted for advice and for feedback on a draft for an exam reminded me about Bloom's Taxonomy and perhaps I needed to be better at asking more application of knowledge and synthesis style questions. I tried to do as much of that as I could. (A2-4)

It was not just creating NCLEX style questions that made Angela feel unprepared. She felt unprepared to deal with student issues and wanted to make sure she was consistent with what policy and procedure said. She commonly relied on policy and procedure manuals to ensure she followed guidelines. She also was learning how to establish appropriate teacher-student boundaries which was challenging when she received emails after hours.

What I was the most unprepared for was dealing with student concerns and problems. Something would always seem to crop up after hours and on the weekends when there's no academic advisor around. Students would contact me. I was very firm in my syllabus that emails received after Friday at 1600 would be answered the next business day. But that's one of the consequences of living in such a digital connected age is that I see an email and I just can't ignore it. At the same time it was difficult for me to provide a response on some occasions to these inquiries without knowing proper policy and procedure. I didn't want to make an error and then have an advisor say, "That's not what we do at all." And then doing backtracking. That was the most difficult thing, dealing with student issues after hours. (A1-I)

Feeling unprepared to deal with student issues was often the result of issues arising after office hours. She fully acknowledges and understands that life issues occur outside of office hours. It was often with uncertainty and fear of making an incorrect decision that Angela would attempt to address these concerns. I found myself inspired by Angela's diligence to ensure her actions were appropriate and that her students were adequately supported. Through our discussions it was clear that her job as a faculty member is important to her and she wants to do it well. Due to her lack of experience as a novice she was quick to locate a policy and procedure manual to support her in this. Through experiential learning Angela learned what the appropriate actions were to effectively deal with varying situations while establishing appropriate teacher-student boundaries.

Sometimes I would just have to bite the bullet, provide a response, hope that it was the right response, and that I didn't give bad advice to the students. That was the hardest thing before midterm and final exams when those circumstances cropped up. I did go to the policy and procedure [manual] and would read through it... There was always the "so and so isn't pulling their load" or "so and so is sick the day of our presentation" or

“I had something personal happen in my life and I can’t be there the day of the presentation, will I lose marks?” (A1-1)

Frequently doubting her decision making in new her role regarding student issues and concerns plagued Angela as well as a fear of doing or saying the wrong thing. It was obvious to me that Angela demonstrates insight into areas where she requires support as well as improvement. As a novice when encountering new situations Angela felt unable to use discretionary judgements.

I would have liked, looking back, some sort of orientation manual saying if this happens, do this, if this happens, do that. It all worked out very well in the end but I found that it was actually more stressful for me than I imagine the students because I was like, what if I do the wrong thing? What if I say the wrong thing? What if I gave bad advice or bad information that contradicts what administration or other faculty would have said and this could result in winning an appeal? So that was one of my biggest worries. (A1-3)

Not wanting to say the wrong thing and lack of experience when dealing with student issues lead to doubling guessing and doubting herself. This resulted in chronic feelings of stress throughout that first semester.

I really double guessed myself in some of my decision making. Once again that was out of concern. I don’t want to say the wrong thing, and I don’t want to cause someone to get derailed from their nursing program. I don’t want to say the incorrect thing and have it contradict policy. I did a lot of “please follow up with the academic advisor” at the end of my emails just to ensure that I was doing or saying the right thing. (A1-14)

Through her repeated experiences of working through student issues and concerns Angela was able to gain confidence in her decision making. I saw Angela as resourceful: she would use resources and mentors when needed, and relied on experience and common sense to help her through situations.

I found being consistent, using common sense, and being reasonable was the best approach to [decision making]. But in the beginning I do feel that I needed some above average guidance with that. (A1-1)

Angela often felt that she was learning the role of a faculty member by trial and error. I chuckled to myself as she shared the following story as I felt I could have easily done the same

thing. I can remember thinking that she was sharing so many tips that would be helpful to others who were also just starting their first year as a faculty member.

I learned quickly to get my drop boxes set up for my assignments. I once had students email me assignments. I guess just as a clinical instructor and a previous student myself I didn't realize that my email would just explode. It was very hard to keep track of who handed in what. I learned pretty quickly that the drop boxes were the way to go and saved myself a lot of work just searching through my email. (A1-2)

An unexpected learning curve that arose was working with the course delivery system Blackboard. She had used Blackboard as a student and then in the role of lab instructor and clinical instructor and became somewhat familiar with it. It was when having to use this system as course instructor that she realized how unfamiliar she was with all the functions of it that she was required to use. I became frustrated as Angela shared the following story with me, I was disappointed that she was not more supported in this area. I felt that it should not have to be so complicated.

All of a sudden here I am with my own course and I don't know how to [use Blackboard]. There was some technical issues that I had to learn pretty quickly to work through. Of course IT support always answered me when I had a question. They were really fast and they really went above and beyond to help me. But that was something a little bit unexpected. (A1-2)

Angela was fortunate that she had an entire semester to create her theory course and all its components. Having this time allowed her to confidently create course objectives, a syllabus, create lectures and activities, and prepare her exams. She was passionate about putting her own spin on the course and being knowledgeable on the subject matter. Through our discussions it became apparent that advanced notice and having the time to organize herself were the keys to her success in teaching this course. Being organized and having her lectures prepared before the term started was very helpful because marking during the course took much longer than anticipated. She recognized that she would have “sunk” if she had been disorganized.

I put my own spin on [my course] and I built all my own PowerPoints, all my own exams. I used some of the previous instructor's assignments but to pull it all together in a couple weeks, not a chance. If somebody handed me everything on a USB and said, “Here's everything from last year, do you want to teach it this year?” It still would be

challenging. I think in order to teach the material well you have to be very knowledgeable about the subject matter. It took me an entire semester to prep for the course that I got. If I would teach the same course again, yes, I could do that with very little notice because I've saved absolutely everything. I've got all my exams and PowerPoints. Yah, I could do that again but as someone brand new to a certain course a lot of advanced notice is required which I was fortunate enough to have. (A1-6)

What I found very helpful is I like to be very organized. I had all of my PowerPoints, all of my guest lecturers, I had that all lined up before the term even started. I knew there would be a lot of marking. However this was new to me. It was very hard for me to judge how many hours a week I was going to be marking. It turned into a lot more than I had originally anticipated. I guess it would be, get all of your prep done. I don't know maybe some people like to do [their prep week by week], or just their other workload commitments allow them to create their class lectures week by week by week. Whereas I had it all done before the term even started. Then if I needed to make some changes or modifications it was okay. I'm so thankful that I took that approach because I would have sunk if I would have been disorganized. (A1-5)

Motivation to be prepared also stemmed from not wanting to be perceived as incompetent by her students. She admits that she was really hard on herself and often thought that she was performing poorly although nobody ever indicted this to her in anyway: Angela is a self-proclaimed worrier. As a novice this stems from her desire to be thorough and provide the students with a positive learning experience.

I was worried that a student would perceive that I was uncertain. It's okay if I don't know something but I feel that the presentation of being confident and well organized is very important. I had some technical issues in my class. I think that the second class there was some technical issues and I remember standing there thinking, oh goodness... There was about, between the two sites a hundred students and I just kept thinking to myself poker face, poker face, poker face, don't look panicked. And just that troubleshooting in the moment. I remember that I sent out a mass email to everyone enrolled in the course thanking them. I tried to put it as eloquently as I could thanking them for their patience as we explore new and innovative ways to utilize technology. I thought to myself, I hope I sounded somewhat intelligent. And then afterwards, I was like oh my gosh, that was such

a disaster. I worried that I would be perceived not knowing what I'm doing, that they wouldn't have faith in my knowledge base.

While this technical issue occurring so early in the semester challenged her confidence and potentially her competence in front of the students she used it as an opportunity to gain experience. Her faculty mentor was present during this IT issue which initially increased anxiety as she was concerned she would appear incompetent. This was not the case as her mentor, with her own many years of experience, was understanding and supportive. By being supported through this experience Angela was able to look at it as a learning opportunity and to realize that even though you can be prepared as possible unexpected issues will always arise.

Nobody came out and said that was a disaster that one day we had all those IT problems. But I'm sure they were kind of thinking like, oh goodness does she know? She doesn't know what the heck she's doing. Like I said I'm a worrier. I would stay up and I would think to myself, did I handle that properly? I hope I didn't look too ignorant. That day I had that big IT issue I did have one colleague there sitting in my classroom and afterwards the colleague said, "Well you handled it as best you could, it is what it is." I think that with the new direction we are going with course delivery and distributed learning that it's not always going to be perfect but certainly it creates a sense of panic when it doesn't go as well as it should. (A2-2)

Having adequate time to prepare was especially important when organizing her theory course as it took much longer than expected. As a novice organizing herself in the beginning was a challenge and she needed guidance with this from other faculty members.

I think that I needed that above average guidance because I struggled with organizing myself in the beginning. Until I started to organize a course I didn't know how to organize it, how to properly build it. I needed guidance on first getting your syllabus done, and then get an idea of what theory you're teaching on what dates, and what activities you're doing. Then once you start with that it will sort of fall into place. (A2-5)

Not only was it helpful having adequate time to prepare and being organized, Angela also chose to be transparent with her students as much as possible.

I tried to be as transparent as I could be with the students. I did let them know that I have many years of acute care nursing experience. I've been teaching labs and clinicals for many years. But I think that it was better that I did let my students know this is my first

time teaching a course. So while I've prepared for this, I've done a lot of work and it's all put together and ready to go that there may be a few speed bumps along the way which we'll get through. And whatever speed bumps there were it was fine. (A1-3)

Angela did not receive a formal orientation and does not remember any kind of orientation at all. She believes that it would have been helpful to have an orientation manual, something telling her what to do in certain situations or if other situations arose. She frequently found herself working through technical issues and often when IT services were unavailable.

For the IT aspect I did have a phone conversation with the people who help with running the IT. But of course specific questions and issues I had I didn't think of during that time that I had reserved. Then when an issue did come up, I thought, I should have really thought to ask that question when they were going through it with me. (A1-2)

The role of a nursing faculty member can feel ambiguous but is dynamic with everyday being different. As a novice this unpredictably can be daunting, especially when having to make decisions quickly to accommodate unexpected situations. Angela learned this when having to reschedule group presentations due to unexpected unsafe weather conditions or the power going out and half her students not receiving their theory lecture that day. It was important for her to learn from the experience - what went well, what did not - and make it better the next time. It was also essential for her to learn to think on her feet which she believes comes from working through situations multiple times.

I think every day is different and you never know what's going to crop up or going to happen. (A2-9)

For example power goes out, half my students don't get their theory that day. It's being able to troubleshoot on your feet and rapid decision making. And I think in the end coming to accept that stuff happens and just deal with it the best you can. And if your course of action wasn't the best then at least you'll know what to do next time should if it happens again. For example, I had student presentations in March and there was a blizzard that day and highway visibility was poor and my timeline was very tight. I had these student presentations set up since the beginning of the term and I had some student groups email me saying, and their concerns were valid, it wasn't safe to travel on the highway, so come class time I had to make a decision. Of course I would never say get here now. Some concerns I needed to consult with others but stuff like that I needed to

just go with what a reasonable prudent person would do and just stick with it. I just had to switch things up the next week for the students that missed their presentation. Of course then that opens the door for, "Well so and so got an extra week because of bad weather and I didn't." The door was open but nobody walked through it. I was thinking to myself, well yes of course they're just going to have to go next week, it's not appropriate for me to ask another faculty member to cancel or move what's going on in their courses to accommodate mine. I worried that there would be some students [saying], "Well they got an extra week. I want an extra week." I needed to be mindful of that. Thank heavens that didn't happen but it could have. (A2-9)

Reflection is essential. Angela's first year of teaching was overwhelming but had many amazing learning opportunities. She understands that learning by trial and error can be part of the process which we believe inspired reflection on her journey through this transition. We believed it was important to include this section because through reflection Angela was able to understand what she has learned and where she needs to continue to improve and grow as an academic.

What I know now is not to be so hard on myself. What I know now is that there is support if I need it. What I know now is that certainly the first time I do something, is there room for improvement? Absolutely. I know that if I were to do the course again would I do anything different and perhaps create a better learning experience for my students? For sure. (A1-12)

Following the completion of her theory course she was able to reflect on what she would do differently next time.

Within two weeks I already knew that if I teach this course again what I would do differently next time. (A1-13)

Angela realized that although you can be as prepared as possible that as a novice nursing faculty member you need to expect the unexpected. As someone getting closer to completing graduate school and anticipating a career in academia this resonated with me; although you have received MN education and are excited about teaching, everything is not going to go exactly as you planned it.

My understanding is that as someone who has newly finished a graduate level program, you can learn how to effectively teach in your graduate studies, but until you actually do it for the first time expect the unexpected. There are going to be some hiccups. (A2-2)

When you're a new faculty the road is paved with good intentions. You try and be as set up and as thoroughly prepared as possible however there's always going to be speed bumps along the way. I think that the first time you teach undergraduate theory at the university level be prepared for the unexpected. (A2-2)

Through reflection Angela was able to understand that during that first year she put high and often unrealistic expectations on herself. She was able to realize that unexpected issues or concerns will arise and that part of her new role is being able to work through them.

Honestly I lost sleep. I'm a big worrier and typically I am very highly organized. I like things to go a certain way. I was really hard on myself and thought that I wasn't doing a good job. I was worried that a student would perceive that I was uncertain. (A2-2)

As a novice Angela believes she required more support in her new role. I felt that she was too hard on herself about this but she told me that she is thankful she had the insight to know that she required extra guidance and feedback regarding working through student issues. She is certain this prevented her from landing in potentially negative situations with students. Reflection has helped her realize why she needed that extra guidance and that she will not require the same level of guidance in the future due to her current level of experience.

It's a good thing that I had the insight to know to seek out advice or help, and just clear things with others. Otherwise I could have maybe landed myself in some situations where I would have been backtracking and backpedaling and that's the last thing I want to do when I'm interacting with students. So the next time I teach I won't need that above average guidance. (A2-6)

Reflecting on her first year brought up the experience she had working with a colleague who was assigned to help her mark assignments. While the relationship between Angela and her marker was positive there were frequently inconsistencies in their assigned grades. She realized that having a marker did not save her much time as she would go over their grades to prevent inconsistencies. The difference in grading caused some students to be quite upset. In the future Angela is uncertain whether she would utilize a marker again to assist her in marking assignments as this potentially created even more work for her.

I did have a marker help me with some of my grading as my workload was quite heavy that term. This was all approved before the term even started. This person is a good friend of mine, a nurse who has completed graduate level education. I think that I would

look over my markers grading a little bit more carefully next time around because in some instances it wasn't entirely consistent with mine. I did quickly look over her grading. After a couple weeks I started spending a lot more time, to the point where I was almost re-marking everything that she was marking just in order to maintain consistency. I mean it wasn't a lot but then when I had students-- of course they talk and they chatter and they compare and it's like a competition. Just a fictitious example, "well my mark was 74 and my friend's mark was 77 and hers wasn't that much better." To me it a 3% difference for an assignment that's worth 20% is really a drop in the bucket when it comes to calculating that in a grade. I had total and complete trust and faith in my marker but it was just those little things that I would go back and adjust up or adjust down a little bit just because I wanted that consistency. (A2-6)

Growing from Mentorship and Support

Throughout her transition into the nursing faculty role Angela always felt supported by colleagues and other nursing faculty members. This constant support aided her transition and allowed her to feel more comfortable in her new role. Colleagues were always willing to answer her questions or offer advice and if they could not they would refer her to someone who could. I believe it was Angela's genuine desire to be a competent faculty member that encouraged her to seek out and utilize available mentorship and grow personally and professionally from that support.

If I had a question for colleagues or my supervisors they were very good at helping me find what I needed to know. And if they didn't know the answer to my question they would quickly recommend someone else who could advise me. (A1-1)

This support was evident when Angela was creating her first exams with NCLEX style questions.

I would ask somebody a question and if they didn't know they quickly recommended someone else that I could go to as resource. (A2-4)

When I created my exams other faculty were very supportive in saying, "email them to me." They would suggest changes or say, "send it to this person they would be really good to answer your questions." There was never any of the, "I don't work at your campus." Everyone was very eager to help me and very conducive to my needs. (A1-4)

Angela was formally assigned a mentor with many years of teaching experience. She attributes much of her success transitioning into this new role to her mentor. Her mentor was previously known to her so Angela felt very comfortable asking her questions and reaching out to her. Without the support of her mentor her transition would have been much more difficult and challenging; she would have felt lost. The mentor's presence during and constructive feedback following her lectures was appreciated and provided the reassurance to help build her confidence in delivering nursing theory. Feelings of uncertainty were eased as she was ensured she was doing her job correctly. This feedback helped Angela overcome challenges in her transition such as technical difficulties, working through student issues, and building self-confidence.

I've known my mentor for a number of years. During that time period where I taught the course, during that one term, I had meetings and interactions with this mentor. I think it was helpful that I knew her and felt comfortable asking her questions as opposed to someone who I didn't know at all. It was very beneficial [working with] somebody that I was familiar with and felt comfortable reaching out to. (A2-8)

I felt that I needed feedback. So a colleague came and would sit in on my class just to provide some support. They gave me feedback at the end of the class. It was good to have an expert opinion and perspective on "well this went really well" or "maybe next time consider doing it this way" or "consider speaking in this manner." That was very helpful and knowing that I had other people to support me was very reassuring. (A1-4)

Just that reassurance that I'm doing this well, that I answered questions properly. As a novice I was very concerned that I would say something incorrect and result in a big to-do. So it was reassuring that someone was there and had my back, just another presence of someone else in the room. (A1-4)

I had technical issues one day and my mentor was sitting there in the classroom. And like I said, I'm thinking to myself, poker face, poker face, poker face. I'm thinking to myself, oh gosh, and she's here too so I've got to handle this well. Just at the end she gave me, "You know, you did okay, there was nothing you could have done about that. Good job." That was so gratifying that this experienced person, [with a] wealth of knowledge, gave me some praise and some positive feedback. (A2-9)

When Angela first started in the nursing faculty role she struggled to organize herself. She admits that as a novice she required above average guidance to provide her the reassurance she needed to feel confident in her new role as everything was new to her. This guidance often ensured that the feedback she gave to students was appropriate.

In terms of [needing] above average guidance, the first time there was a student issue I wanted to clear it with someone else to make sure that my response was appropriate. I remember I had a student request and I obliged. I was going to grant this student request but I just happened to zip a quick email off to a colleague saying, "I had a student email me and ask me this. This was going to be my response." That colleague said, "I wouldn't do that if I was you." I had the insight to know that I needed [that guidance].

Being assigned a mentor was a positive experience for Angela. Without the mentor's positive and constructive feedback she would have been much harder on herself. Through our discussion it became clear that having being assigned this mentor significantly impacted Angela's transition in only positive ways. Having someone to share ideas or concerns with even when she already knew the answer was extremely helpful. It was her mentor that assisted her with her confidence building and decision making abilities.

[She was] a sounding board. I found that 90% of the questions I would ask her I already knew the answer to. I just wanted that confirmation... for the most part I already knew what the best course of action was or what to do, it was just her reaffirming that. (A2-8)
The mentorship that I received really assisted me with my confidence and decision making. It really helped me to feel more comfortable and it was very reassuring. All of my feedback was positive and if there was something that my mentor suggested I do differently it was always presented in a manner that was very positive, "Speak [like this or] address students in this manner next time." There was no negative feedback. There was no, "You did terrible." It was very encouraging feedback that I got. (A2-9)

Building on Previous Experience

Angela has valuable insight to share with others in her situation or considering the role of nursing faculty member, much of it experiences she was able to build on during her first year of teaching. Initially I was surprised to realize how much previous experience was integrated in and positively influenced her transition. As she shared her stories and we explored them together the powerful learning from building on her previous experience became apparent. Moving into her

second year of teaching she is looking forward to incorporating those learning experiences into her upcoming courses in interactions with students. She also found that having previous teaching experience in the role of clinical and lab instructor was helpful when transitioning into the role of nursing faculty member.

I was already somewhat accustomed to the delivery of a degree program. I wasn't faculty, I was a clinical instructor. As a clinical instructor starting to grade assignments, being familiar with due dates, and consulting with the course coordinator as needed was very helpful. That gave me a lot of insight and background. (A1-11)

Both her previous experiences as an RN working in an acute care facility and clinical and lab instructor combined with her MN education influenced and aided her transition. Her previous teaching experience and MN degree build on each other while in her new role. While it was her MN degree that opened the door to obtaining her faculty position it is experience that makes her better at it. Angela believes that the more she teaches the better she gets at it.

I did have background in instruction before I started the masters so that was very helpful. The masters opened the doors to the experience but the experience of teaching the course allows me to teach it better the next time. So I guess they sort of build upon each other.... My experience impacted my education and my education impacted my experience. Certainly my clinical instruction background had a positive impact on my experience. (A1-11)

Within the timespan from the start of teaching her theory course until the end she was increasingly more comfortable in the role of lecturer. She was gaining confidence through experience.

The first day I stood at the front of the classroom I remember telling myself poker face, poker face, poker face. I was very frightened. By the eleventh or twelfth lecture it was like alright let's get this started and jump in. So certainly my level of confidence and competence drastically increased from beginning to end. (A1-12)

Each time Angela works through a student issue she gets more comfortable and confident: she is learning through experience and practice. The amount of student concerns she would have to work through was unexpected but often concerns were similar between students. This included students having issues with other students in regards to group assignments. I was also surprised by this aspect of the faculty role which resulted in me reflecting on how I might

choose to handle similar situations. It was interesting to explore these stories with Angela as she learned to work through these issues and began to build confidence in her decision making.

The second or third time I had students emailing me with the same issue I felt a little bit frazzled. I get these student's emailing me about this issue or concern. Of course it's after hours. It's midnight. It's on the weekend. I don't know what to, it's the third time it's happened... But the more you do it the better you become at it. (A1-13)

If someone were to email again with these same [issues], for example, I had a student doing a group assignment. Then one of the students in the group had something personal happen in their life. They did most of their share of the work but weren't going to be there to present the work. My response was, "The purpose of a group assignment is when you get out into the real world and when you start functioning as an RN you're going to see that we all function as a team," interprofessional education is something that I really try to encourage and foster, "So even when you do your part, when you're part of a team of say a dietician, respiratory therapist, physiotherapist, you might not be there for the case conference." It took me a while to figure out this is a group assignment, figure it out amongst yourselves who's doing what. And sometimes that's the nature of group work that some people do more than their fair share, some people get less than their fair share. However when you are a functioning nurse you never work alone, you are always part of a team or group and that's how it's going to be in real life as well. (A1-14)

Angela attributes initial experiences working through these situations as increasing her confidence dealing with student issues that continued to arise throughout the semester. She found she was able to resolve issues more quickly, with less stress and worry on her part, which allowed for fair and satisfactory resolutions between her and the students.

The first time I dealt with [a student issue] I really hummed and hawed. Should I respond and tell her that? Should I not? Alternately early in the term with group work I had a student withdraw from the course so then a group was short a number. In deciding what they should do one student emailed me to say what should we do? This really stressed me out. How do I respond to this? I don't want to be unfair. [My response] was basically, "these things happen, this is a large group and yes you are down one member and I understand and appreciate that. However all the other groups have started their work and it's not fair for me to pull someone and have another group be short. It's a large

group, this one person's contribution is not overly large, you guys are going to have to make due and figure it out." If I teach this course again and I get the same issue, a student withdraws, I'll get my response back in less than a minute. I had to think about that for an entire evening, what to say and how to respond to that. (A1-14)

She believes she is much better equipped to deal with issues the second time they occur due to her experience working through them previously. It was important for her to build on what she knew because she came to realize that if something happened once it is likely to happen again.

If you run into an issue once you're very likely to run into that issue again. That second time you're much better equipped to deal with the issue. I've only done theory the one time and I'm not slated to do it again this year but [for example] in terms of frantically searching for policies on midterm examination deferrals, I know where to find it now. First of all I didn't know where to find it and I now [I do]. Things certainly would be much smoother sailing the second to the third to the fourth time around. (A2-3)

One of the most important lessons that Angela learned is that she is not alone or expected to work through all these issues by herself. There was so much that she didn't know that first year and had to have situations arise to learn how to work through them and learn who could assist her. It was through student issues arising that Angela learned that there is team of people available to support her.

I would go through some of these student emails with issues, concerns, and requests. I would think to myself, do the PhD faculty who've been teaching for fifteen to twenty years have to [work through these same issues]? And don't get me wrong, personal stuff happens, I get it, life happens and family happens. I would try to be accommodating but sometimes some of the requests I would get from students just seemed a little bit over the top. I didn't know that I would have to referee personal private lives. At the same time I can't give any advice as that's the academic advisors role. I didn't know that I need to let people do [their role], we're all cogs in the wheel and I need to do my part and to let the associate dean do their part and let the advisor do their part and let IT do their part. I think that as a new novice faculty member I want to do my best and I want to trouble shoot this but I didn't know I needed to take a second look and take a step back and let everyone do their role and provide the support needed. (A1-13)

Having previous experience instructing clinical and labs aided her transition into the role of nursing faculty member. This experience allowed her to have a better understanding of the nursing program and student expectations when working in the program. She already had relationships established with faculty members on which she continued to build and utilize their support. Without this experience Angela admits she would have been quite lost.

I would have been a fish out of water had I started teaching without any experience as an instructor with clinicals, labs, and seminars. I'm very familiar with the literal descriptors, I know resources for supports such as academic advisors and other faculty. I knew the expectation of needing to prepare students to write their licensure exam. Just being familiar with the expectations between what the students learn in their pre-professional year to their second year of nursing to their third to their fourth. The year that I taught theory in, to know what they had for pre-requisites, what's going on their co-requisite courses and what's happening in other courses...was very beneficial. (A2-7)

I was already familiar with some of the IT aspects. I already had contacts and relationships with other members of the college. (A2-4)

One thing Angela says she would have done differently in her first year of teaching was to consult other faculty members when she was creating her syllabus. This would have been helpful to ensure that projects, presentations, and exams were not scheduled for the same day. This would have prevented conflicts and significant student stress.

One thing I would do differently during the building of my syllabus is consult with other faculty teaching in the same term. I don't want to schedule a student presentation the day another faculty member has a midterm exam for example. So that's something that I learned along the way to do in the beginning. (A2-7)

Through the experience of building the course she was teaching Angela learned how to do it better the second time. This opportunity was a great experience for her in how to build a class.

It took me a little while to figure out get your syllabus done, figure out what you're doing in each class, and then start building your PowerPoint presentations and activities. Until I started to organize a course I didn't know how to properly build it. I needed [direction]: get your syllabus done, get an idea of what theory you're teaching on what

dates, and what activities you're doing. And then once you start with that it will sort of fall into place. (A2-5)

Benefiting from Master of Nursing Education

Angela entered the MN program to broaden her knowledge base to benefit not only herself but also her students when working as a clinical and lab instructor. Following the completion of her MN degree and in her first year of teaching Angela is able to express the value of her MN degree and what it means to her both personally and professionally. Personally she is proud that she set this goal for herself and completed it. She is proud of her accomplishment and that she bettered herself through advancing her education.

I take a lot of pride in the fact that I've gone back and bettered myself and have some advanced education. I feel very proud. (A1-9)

Personally I'm very proud that I did a masters. I never had any intentions when I finished my undergraduate degree, it was like, don't let the door hit me on the way out, I'm out of here, never again. But ten years later with insight and experience, it just seemed like a logical thing to do. So personally I'm really proud to have done it. (A2-10)

Professionally she is taken more seriously by students. I have also found this to be true by my clinical students even knowing that I am in the process of completing my MN degree. We discussed this in more detail. Angela believes students are able to recognize her advanced education. It allows her to provide a better learning experience for her students. Without her MN degree Angela also realizes that she would not have gotten a faculty position.

When I'm interacting with students after they've started second year they realize the value of a degree nurse versus [a nurse] who's taken graduate studies. I think that it's perceived by students as I know what I'm doing, I've taken extra theory and learning that helps me help them to learn better and more effectively. (A2-10)

Without having completed the masters I don't feel that I would have even been considered for the teaching opportunity that I have. So that was really big... If I hadn't stepped out of my comfort zone and tried something new and different and furthered my education [I would not have been offered this position]. I really like being a clinical instructor, I really like being a lab instructor but I feel that it really helps me provide a better experience to my students. (A1-10)

She strongly believes that having an MN degree positively impacts how she is perceived by students as well as colleagues.

I think that completing my masters impacts how I'm viewed and perceived by other faculty, support staff, and by students. I think in a positive manner. We're in an environment where the more well-rounded you are, the more education, and the broader the experiences you have that that's perceived in a positive manner. For example if you were to take a brand new BSN grad and have them teach a course as opposed to a new master's grad. Of course the master's grad is going to be perceived as having a good foundation: they're academically prepared. (A1-5)

Completing the MN degree helped prepare Angela for the role of nursing faculty member. Each class she took benefited her in her new role in its own unique way. Her education created a foundation for her teaching practice.

When I think back to all the courses that I did as a graduate student there was no fluff or filler. They all had very specific objectives in terms of preparing someone to step into a faculty, leadership, or research type role... [The courses] were all important and provided different corner stones of a foundation. (A1-10)

A course in her MN program provided Angela the opportunity to write and publish a paper in an academic journal. This experience was valuable to Angela as the knowledge gained from the experience is applicable for her nursing faculty role.

When you've become faculty it's an expectation that you engage, create, and synthesize new knowledge and the publishable paper gave me some background and experience in terms of submitting to editors of journals. The more engaged in scholarly pursuits you are the more you're able to facilitate inquiry in an effective manner. (A1-12)

It was the combination of all her graduate courses that truly helped prepared Angela for the role of nursing faculty member. MN education taught her how to interact with students in a way that engages them, provides an enriched learning environment, and aims to inspire their future nursing practice.

Looking back on my graduate education, the different courses that I took, when you combine them as a whole it helped me become very well rounded... Without the graduate level education I don't think I would have done well transitioning to this new role. Knowing what I know now as opposed to knowing what I knew five years ago, there's just

no comparison. I can model and interact with students in a manner that enables them to learn as much as they can and also prepares them to be innovators who strive to provide the best care possible for our clients. If I would have taught theory before I had done the masters I just would have stood there, read my PowerPoints, boom, boom, boom done. Now, having the education I do, the students experience is enriched more than it would have been had I not had this knowledge and theory under my belt, had I not been able to phrase my questions in ways that facilitate digging deeper and taking a second look at the issues. (A2-13)

Angela believes her MN education has helped her to see a bigger picture of the nursing profession. I encouraged Angela to try to dig deeper into her own understanding of how she is actually able to see this bigger picture. Through our discussion about the value of her MN education and what learning impacted her the most Angela shared a story about being exposed to a course that provided Aboriginal awareness. This education gave her a new lens to look through when thinking about Aboriginal health issues when working with students in a clinical setting. Angela admits that she lacked this awareness before her MN education and is thankful for this learning as it benefits not only her clinical instructing but her role as a bedside nurse.

I'm a big fan of lenses. [For] one of my electives I did an Aboriginal issues course. When I did my undergraduate degree there was no requirement as there is now to do any Aboriginal studies course. Now when I'm on the ward with students looking at something through a post-colonial type lens, [I ask students] why is this individual in this health situation? Let's look back and consider everything that's happened and open our eyes a little bit. I didn't have any Aboriginal awareness until after I had completed that particular course. [I now have the understanding to ask my students] why does the client have this health condition? Why do they have these other co-morbidities? (A1-8)

And you look at the determinants of health and accessibility and history. That really broadened my view and made me a much more understanding and compassionate instructor and bedside nurse. (A1-9)

MN education also allows Angela to see a bigger picture of nursing in regards to the value of leadership in nursing. Together we explored deeper into how this experience influenced her transition by inspiring her to model leadership within the nursing profession and with her students.

[When] I did my practicum I did a leadership focus. Seeing nurses as leaders outside of the university really impacted me in terms of my career and personal goals. [I realized that] as a bedside nurse you have tunnel vision almost and you're very focused on your unit. As a clinical instructor you're very focused on your students and unit. I think that my experiences and education [influenced me by] enabling me to look at and consider the big picture of administration, policy, procedure, and making difficult decisions. I very much had tunnel vision. My education improved that by [showing me how] to take a step back and see we're all cogs in the wheel and that we all do our part. Taking a step back and seeing leadership in action. That allowed me to try and model leadership in my teaching. (A1-10)

As a clinical instructor she is now able to put the pieces together. She knows that her clinical instruction has improved in terms of fostering critical thinking and creating insight. It is important to her that students are able to put the pieces together and see a bigger picture.

I'm able to pull the pieces together. [My student says], "My patient has this, and [now I'll respond], "Well why do they have that?" I've been able to open a door and say, "Okay, let's take a second look and look at it this way" and "Have you considered that" or "This person was admitted with X medical diagnosis tell me why this happened." My clinical instruction has really improved since I finished the masters. (A1-9)

In terms of someone who's employed in academia, it's pretty much the same thing in that I'm able to articulate well. I'm able to consider other points that I wouldn't have. It's opened doors. (A1-8)

Through the experience of her MN degree Angela has gained skills in marking assignments appropriately. She believes her assigned grades may have previously been inflated prior to receiving this advanced education.

Without the knowledge and experience that I gained during my graduate studies my grades could have been very inflated. Now I have the ability to really critique and take a second look. The personal value is that I became better at marking and grading and providing feedback. (A1-9)

Together Angela and I were able to reflect on and explore the extensively of how her MN education is threaded throughout and embedded in her role as a novice nursing faculty member. This was especially true with the positive impact it had on creating and delivering her theory course.

[Without] the educational background I have now I would have struggled delivering theory in my own course [with aspects such as] principles of adult education, research, and broadening my knowledge base. It's helped me bring a different and unique perspective. (A1-11)

I was lecturing one day and I shared some of my own personal experiences with bedside nursing. We were discussing a topic and I shared a story about a person that I had done bedside nursing with. I changed age, gender, there was absolutely no way there was confidentiality issues... I tied it into my lecture and said to the students, "Why, why did this happen?" This individual was from a disadvantaged population. Instead of dismissing this person as they've got [complex health needs] and they're in this situation because of poor life choices, I said, "Let's look back, when you live in this type of environment, let's look at societal issues, poverty, and accessibility." It would have been harder for me to help students make that kind of connection without graduate level education. It makes me more articulate [and able] to bring it all together and helps [the students] look outside the box and see the broader picture. (A2-11)

Angela felt better equipped to deliver a theory course after the completion of her MN degree. She also felt more comfortable incorporating teaching and learning theories into her lectures that she learned during her MN education to better engage her students.

I was better equipped to deliver theory. The last thing I wanted was for me to stand there and read my slides. Why bother coming to class? Just stay home. [Having] that knowledge of how to engage learners, principles of adult learning and adult education [was so important]. If I would have taught this course before my masters all I would have done is stand at the front and read my PowerPoints because that's all I would have known. In terms of Flipped Classroom, I wouldn't have come up with that on my own. I had some students who were face to face, I had some students who were at a distance. I didn't even know what Think-Pair-Share was until I learned about it in my graduate studies. Some students really like those kind of activities and some really dislike them.

However, answering some Think-Pair-Share questions or using problem based learning helps take a second look and breaks up the monotony during a lecture. I think tidbits like that made my course better. (A2-7)

Angela is aware that she would not have gotten the job of a nursing faculty member without the completion of her MN degree. She would not be transitioning into this new role without it. But it is so much more than that to her.

In terms of transitioning, first of all I wouldn't be able to be in that faculty role without it I don't think. And how did [my MN education] affect the transitioning? Creation of assignments and development of marking rubrics. I was able to create my own course objectives in a manner helped me to create a better course. (A2-11)

Together we were able to dig deeper into how she was able to create a better course. Completing her MN degree prepared her to create a course that was appropriate for students and their level of learning.

If I had been just tossed in without any master's level education everyone would have gotten a 90 because it wouldn't have been hard enough and I wouldn't have known how to foster learning. I wouldn't have known how to facilitate learning. (A2-12)

The ability to articulate is frequently attributed to her MN education. Angela describes her increased ability to articulate as responding to questions and teaching in a way that is much more theory and knowledge based.

When I'm being asked a question, in terms of my critical thinking and the best ways to respond, I think that my responses and how I teach are much more theory or knowledge based... I can formulate responses and answer questions in a manner that asks a question at the same time and I can better stimulate learning. (A2-10)

Being more academically prepared from the completion of her MN assignments, group work, and courses in general positively impacted the way she is able to formulate her questioning with students.

Before I finished my masters somebody would ask me a question and I would just answer it. Now my response would be, "That's a really good question, what do you think?" I used to do that in clinical, [a student would ask], "What does this mean?" and I would say, "Oh well it's this that and the other." Now it's not that I want to create extra work

for the students but I think that utilizing some problem based learning creates a better learning experience for the students. (A2-10)

MN education in practice is Angela's increased ability to foster inquiry, one of her main reasons for entering the program. Through our discussions we explore how for her it is not about hands on nursing skills but the ability to engage her students, to make them excited about learning, and facilitate their learning in the most effective ways possible using theory from her MN education.

Does it make me better able to insert a catheter? No. Can I start an IV better than the next person? No. Can I help facilitate learning and better questioning? Yes, [in the way that] I share my knowledge and the way I evaluate what my students have learned. I am better able to challenge students; they learn more from me now than they would have previously. Personally, I think that I'm better able to facilitate inquiry. (A2-11)

During her MN education Angela had the opportunity to work with a nursing leader for a semester in a course focused on preceptorship. The experience of working with a leader opened up her eyes to the importance of leadership in healthcare and the nursing profession. She was able to see leadership involving responsibilities and possibilities that she previously did not.

It was a whole different side that I never knew and that I have a big appreciation for. [For example] in terms of making the most out of resources available which certainly translates into teaching. There's always going to be restraints whether they be constraints for resources for our clients or acquiring services. I think that it's helped me realize that we all do our best and that instead of being negative and complaining that we need to be leaders and come up with new and innovate solutions for problems. (A2-12)

She was inspired by the leader that she worked with and would later incorporate the same leadership style into her own nursing practice as a faculty member. This nursing leader inspired a passion for leadership in Angela that she did not know could exist and now sees it translated into her own leadership style.

The leader that I preceptored with was very much a transformational leader. My preceptor walked the walk, she talked the talk; she made herself an example. She was so passionate. That translated to me when I was delivering my course material, my theory. The topic that I taught on I'm very passionate about. I'm very engaged in it. I want to teach our students to be the kind of nurses that enable their patients to have the best

outcomes possible. Being exposed to that transformational leadership style was a huge benefit personally and professionally [through witnessing and being inspired by] leading by example, wearing your heart on your sleeve, and being really passionate. (A2-12)

Being in a graduate program that utilized technology to distribute learning inspired Angela to incorporate technology into her own lectures. She became comfortable with these new areas of technology and was excited to engage students in new ways. She soon realized that this was a change for the students that was initially met with resistance as they were pushed outside their comfort zones.

I did a couple of different things technology wise and would get emails from the students [saying], “Well this isn’t working for me,” or “I can’t figure that out.” And I would sit there and I would think, ooohh! It was hard to come up with an adequate response to that, did you click this, or did you click that? I’m not there at that student’s computer at that time. That was more difficult to do. I used discussion boards and Top Hat in my course. I also used other types of video technology in my course that students had to create assignments with. Work load wise it wasn’t a whole lot but it was new, it was different, and you had to almost look through a different lens. So yes, there was a little bit of resistance to that. And at the end of the course I got some feedback saying, “Geez that actually wasn’t too bad, it was actually a lot easier than I thought it was going to be. It was pretty good to see everybody else’s creations.”

Angela’s Story: Conclusion

The stories arising out of Angela’s story supported the experience of being a novice as outlined in the adapted theoretical model of this study. It was interesting to explore her experiences together as they were so fresh in her mind. It felt as though she was almost debriefing with me and then together we would make meaning of those experiences. Her stories of being in the novice role are threaded with overcoming challenging situations with students which was a completely new experience for her. I found it inspiring to explore her stories together. I believe they would be inspiring and informative to other novice faculty members or nurses considering doing an MN degree. Having been assigned a formal mentor allowed Angela to work through feelings of self-doubt and guided her to more expert practice: integrating experience, intuition, and previous knowledge easily into practice. She also searched out mentors to answer questions or provide feedback regarding unknown aspects of her role. Angela was able

to integrate learning from previous experiences to support her continued growth and success. Completing an MN degree built a foundation of knowledge and experience for Angela to draw upon as she transitioned into the role of nursing faculty member. She believes that it allowed her to see a bigger picture of the nursing profession in regards to cultural awareness and leadership as well as helped to prepare her for her new role.

Sally's Story: The Transition to the Role of Novice Nursing Faculty Member

Sally is in her second year of teaching and completed her MN degree by successfully defending her thesis. She is quick to mention that she knows she is a novice in this role and has not been a nursing faculty member or even RN for that long. Sally completed her MN degree and was quickly offered teaching opportunities at a baccalaureate nursing institution. The transition felt very quick going from student to faculty member as she began her new role the week after completing her MN degree. Going into her second year as a novice nursing faculty member while maintaining a clinical practice, Sally is aware of the benefit of experience in her work. Sally is able to build on and implement learning from previous experiences as a TA, Research Assistant (RA), ward nurse in an acute care hospital, and clinical and lab instructor. Her positive experiences as a clinical and lab instructor before entering the MN program made her realize that she wanted to teach more and reinforced the idea of pursuing an MN degree. Her challenging experience of constantly attempting to maintain a work-life balance while having a young family is threaded throughout her story. The keys to her story are her recognition of previous teaching experiences that allow her to continually reflect on and develop her teaching and clinical skills as well as acknowledging mentorship and support from fellow faculty members as major factors attributing to her success.

It is with Sally that I feel the strongest connection. I could relate so deeply to Sally's experiences of constantly working to maintain work-life balance during graduate school and questioning whether doing a researched focused MN was the correct choice; should we both have chosen the course based option instead? It felt like a balancing act of not wanting to share too much about my own experiences while still being an active participant in the interview process. Utilizing reflexive journaling allowed me to critically reflect on my reactions and potential biases as our experiences throughout graduate school were so similar. This allowed me to focus on exploring deeper into Sally's stories, together with her, because the relationship felt safe and comfortable for both of us.

Being a Novice

For Sally, transitioning to the role of novice nursing faculty member has been exciting but overwhelming. She quickly realized that her workload for her first semester was extremely heavy. While she initially believed that as a novice she would not be offered a workload she could not comfortably handle she later realized this was not the case. She was hired to cover leftover classes that were not assigned due to unexpected circumstances. She felt like she was being thrown in with very little guidance. This caused her to frequently doubt herself and her ability to competently teach which she believes hindered her transition.

I think that for my overall experience it's been really exciting and I feel that I'm always learning. But I do feel that as a novice I've been given a lot of responsibility without a lot of guidance. It's very much like, "Oh, you have your masters? Now you can teach." And that was a bit overwhelming... That has been good in a way because I like to be independent and have that freedom to include things that I think are important. But at the same time I always question whether or not I am giving students what they need in order to be successful, and that's hard to always be thinking that. I think it's been both overwhelming and exciting. (S1-2)

I think things that made the transition more difficult was, because I was a new faculty, and not tenure-track, and that's not the role I have because I just have my masters, that I got the leftovers of what courses hadn't been assigned to tenure track-faculty. It very much felt like I was just filling in the spaces for what was left, whether or not I had the experience. (S1-4)

While Sally felt supported by colleagues as she transitioned she also experienced a steep learning curve that has often been self-guided as she embraced her new sometimes ambiguous role.

I've felt really welcomed and encouraged by everyone I've worked with. I've had really positive feedback about the role I've decided to take. But it has been very much a self-guided learning curve as far as what you teach, the best way to approach situations, and even [working with] different learning styles. How do you meet those? (S1-2)

Sally remembers feeling very surprised that there was not more guidance or guidelines when preparing lecture content. The lack of structure created stress because it was important to Sally that she was adequately preparing her students to successfully pass their licencing exam.

I was thrown into teaching a theory course and it was literally, “Will you teach this class?” and I said “Yes.” And that was it. It was like, “Okay go.” I was told the assigned text book, and the text book is one of those text books that’s like 2000 pages. The only way I knew what to cover was because I then asked someone who had taught the course before. They still gave me a very vague, “Well it’s really whatever you think is most important”—with the idea that I would know what’s most important. I thought there would be more structure as far as curriculum development, more guidelines [for this specific course], something any instructor could go and look up [that would] say that this is what needs to be covered. But then asking other instructors who had taught the course, there was two people that I really hacked their brains about it, and their focus was really dependent on what their past clinical experience was. (S2-16)

There was also no formal training or education on how to prepare students for a licensing exam that she did not personally write herself. In 2015 the NCLEX-RN replaced the CRNE as Canada’s national licensing examination for those applying to be an RN.

The reality of this is we’re also teaching to try and help students pass a licencing exam. As much as you don’t want that to be what guides you, you also have to keep that in the back of your mind because you want them to be successful. I felt I had to kind of look at what was on the NCLEX and not that I even knew how to do that or where to start for that... [The NCLEX] is a different licencing exam than what I took. So just to add another layer to the onion it’s not an exam I’m familiar with. I’ve never taken it and to know what they need just seemed like this giant mystery. (S1-16)

As a first time course lecturer Sally found herself frequently doubting whether she was giving the students all the information they needed to be successful in the course. She realized through experience that each semester she teaches she is gaining confidence and creating a richer more engaging learning environment for her students.

Maybe [the students] don’t know what they’re missing because I didn’t teach them something and I didn’t know what they were missing because I didn’t have the experience either. I think it was probably a very basic experience that I was giving them and each year I teach I feel it’s getting richer and more involved and I have a better picture of the overall experience. (S1-2)

I felt a lot of responsibility to make sure I was giving all the information possible to the students. [The workload] was heavy. But, also now I have all this experience from all those courses I've taught. I feel more confident and that if I teach them again I know what I want to change. (S1-6)

Sally's transition to the faculty role from an MN student was made more difficult by the fact that she had minimal time to prepare for her heavy workload. Before her first semester of teaching she had less than three weeks to prepare. She began the semester feeling unprepared and throughout the semester spent each week preparing for the next. I realized her disbelief at being offered and expected to manage such a heavy teaching assignment as a novice faculty member who had just completed graduate school was still evident over two years later.

Getting that assignment late and right before the beginning of the term was really hard. It felt like I was thrown into it. And rather than coming into a course prepared, for that whole first term, every week as soon as class was done I'd be spending the whole rest of the week prepping for the next week, rather than having had a month or two in the summer to get your overview and then just do the last minute details before each lecture. I felt like I was learning the content I had to teach for the next week within that time frame. So it was really heavy. And wasn't teaching just one class. The first term I was assigned two theory classes, I was coordinating clinical, and I had my own clinical group. The workload was really really heavy in that first term as it wasn't equally distributed throughout the whole year. So that was also something that I think hindered my transition. (S1-5)

Lack of time to prepare her course work before the start of each semester hindered Sally's transition into the nursing faculty role. She did not feel she had time to reflect on and make necessary changes to improve her courses before she was expected to deliver them again. The courses she was teaching each term was unpredictable and classes were added last minute which added to her stress and feelings of being overwhelmed and unprepared.

The second term was lighter but again I ended up filling in for someone who had to go on an emergency family leave. I found out over the Christmas holidays, around December 28th, that I was officially going to be taking this class on January 6. That was a week and a half notice. So the first couple weeks of that course I felt really bad for the students because I was just trying to get my head on straight. It was a course I had taught in the

previous term but you need that downtime to reflect on what went well in that course, what didn't go well, and how you would change it. And you need time to make those changes. I felt that I basically taught the same class at the same level twice, even though I had these wonderful intentions of changing things after my first experience I just didn't physically have time to make those changes. So again things that hindered me were not enough notice for what I was going to teach because I was filling in for people. (S1-6)

Sally shared a story of what it felt like to be in the novice nursing faculty role: I didn't know how to take my few years of [ward nursing] experience and pin point what was the most important information to include in my lectures. It wasn't until probably halfway through the term, when we were doing different sections, [for example] one week we would talk about respiratory disorders, that I could see, because I had been given some lectures from a previous instructor, actually on the ward we see more of this other type of patient so I'm going to include one slide about this patient. That was when I could start to see that I could incorporate things, but that was still halfway through the term. It wasn't something I could understand as I was thrown into the teaching role and had no prep time to develop my own slides, my own course, that I think that it was just a giant mystery to me. I ended up just following the text book a lot. Which is good if you are a logical thinker and students enjoyed that part. But at the same time I don't know how comprehensive that course necessarily was for them. (S2-17)

Transitioning so quickly into the role of a nursing faculty member after graduate school Sally never felt relief from the burden of completing school work, the feeling that there is always something that has to be done. She felt as though she could never get ahead of her workload. Being in graduate school I could strongly relate to the feeling of always having something to do. We both shared what this experience was like for us and then dug deeper into Sally's experience.

Starting really quickly after finishing my masters and then taking on a very heavy workload, that feeling you have as a student when you always have something to do, that feeling of heaviness or weight, I never really had a break from it. I remember feeling pressure and time crunches because I could be at work all day and come home, eat supper, then I had this mindset that I absolutely have to do two or three more hours of work tonight or else I will get behind. I remember feeling very distinctly that heaviness that felt like you're never going to get ahead of your work load and that's really

daunting. Just hours of being in front of the computer trying to make slides or mark care plans or deal with students on contract. [There were] so many emails. I think that it's not really well understood how much of a teacher's life is administrative work and prep. Which I think it is in a lot of circles but for me I didn't understand that. (S2-14)

Sally was not aware of or prepared for the hours of preparation that were required for her workload. Initially she put pressure on herself to extensively prepare to make her lectures perfect. She then realized following her first year of teaching that she needed to establish boundaries as she would spend hours upon hours over preparing for her lectures. This was an unrealistic expectation that she put on herself as a new instructor that was not sustainable or even attainable. As a novice faculty member she over prepared, wanting to create the best experience and learning opportunities possible.

I don't think I really understood how much of my time would be spent prepping. I've had conversations with my husband about how you could probably spend every single minute prepping if you want to make it as perfect as possible. There has to be a point where you have to say this is good enough, I'm covering the content that needs to be covered, and it might not be to the most stellar level but it's still there and it will be translated. Trying to let go of that perfectionism, which I think is really hard as a new person because it's the first time you're presenting something so you want it to be perfect. You want it to be at a level so that you set your bar high when you first start. Then you can continue from there. But that expectation is really unrealistic. There should almost be an expectation that it's your first time teaching so maybe you don't have extras in your class. Something like if you're doing a lecture you can just be expected to do the lecture you don't have to have interactive group activities in your class. Or have found really relevant news articles that are going with what you're talking about. I think I tried to incorporate all those extra items to demonstrate to students that I'm here to learn and I'm here to be excited about what I'm teaching and look at how I connect all of these things to your daily lives. But in reality I probably should have just been like, here is the content, do you have any questions? Just for my own sanity and even I think probably the reality is that if you have a group of 100 students 20 of them are going to appreciate the extra effort. The rest of them maybe not. I don't think I would ever have a class where I wasn't enthusiastic about

what I'm teaching but that pressure, trying to make it the best class they've ever been to in their entire life is unrealistic as a new instructor. (S2-14)

That experience taught Sally to set boundaries with herself and allowed her to realize that she had completely unrealistic expectations for herself. I believe that Sally's insight into her unrealistic expectations was a turning point in her transition.

The experience of trying to do it all and not doing it all, and realizing that everyone came out okay in the end really helps you have that perspective of knowing you can still have a good class even though it's not going to win any teaching awards that first year. And now having a child is a good thing for my teaching life because I have to be more efficient with my prep. I have to be more focused. (S2-15)

As a novice nursing faculty member Sally vividly remembers feeling overwhelmed in her first year. She constantly struggled to find a comfortable work-life balance and acknowledges that this affected personal relationships outside of work. Going forward she has more insight into what an appropriate workload for her looks like. I believe that while this was a challenging lesson for her to learn it is one that she now truly takes to heart. Initially she was so excited for the opportunities she was being offered that she did not consider turning them down.

In my home life that first term, halfway through the term my husband was really concerned about my mental health because it's a new job, you're trying your best to stay on top of thing. Looking back now I realize my workload was too much. If I would have known how much work it was going to be I would have said no I can't teach all of those things you just offered me, because you just want to say yes to everything. You think they're only going to give me what I can handle. But it really was that these courses are left, we have no one else to teach them, you're new, you're not full, if you look over the whole year you don't have a full-time work load so we can give you more in that first term where we're short. I remember my husband saying, "Is this what you want to do with your life, where you are at work you come home, you're doing more work, and you don't really have any energy for anything else in your life?" It's hard to even get energy to cook your supper. He felt that it was very much him supporting me, and we were lucky in that time in our life we didn't have a child, we didn't have other things pulling at us. But I know for him he said, "This is not sustainable, this workload." I know as you teach more it gets easier and easier but that first term was too much, too fast... It definitely

affected my family life and my ability to be an active member in a relationship. Going forward I have a lot more insight into knowing what my workload should be. (S1-5)

Finding a comfortable work-life balance became a priority for Sally when beginning her second year of teaching because she now has a young child. She believes it is more professionally acceptable in the eyes of her colleagues for her to work part-time because she has a young family. She felt as though she would be taken less seriously as a faculty member if she wanted to work part-time but did not have a young family.

Everyone seems to be much more understanding [of me working part-time]. I've had people say, when I was thinking about taking a position, "Well, you have a young family it makes sense if all you would want is part-time." I've thought about it a couple times and what if I didn't have a child and all I wanted was part-time, would that be okay? I think there would have been more, "Oh, you're just doing part-time"... So I guess in that way I'm happy that I have a child to fall back on and want to just do half-time. But that is also a reflection of me wanting to be at home with my child, not necessarily not wanting to be here. (S1-9)

The experience of being in a novice nursing faculty role often feels like trial and error to Sally especially in regards to administrative tasks. Being orientated on them would have prevented stress and opened more time to work on other responsibilities for teaching preparation. Sally shares that she did not receive an orientation into her new role. She felt that she was just supposed to know how to work through administrative responsibilities which was extremely time consuming and stressful.

[During] this novice experience everything I did end up learning felt like trial and error. Even learning how to import marks into our online system was like I tried it, didn't work, and then then had to go to talk to IT and then was taught how to do it properly. [No] formal training about the administrative tasks were even offered which is really basic and could have been. I spent hours with Blackboard trying to organize a course or even making sure that a file is viewable to students. Just hours that could have been spent doing other stuff for a class. (S1-17)

In her second year in the nursing faculty role Sally is aware that she still has a lot to learn but also understands that she has a lot to offer as well. As a novice faculty member she feels like she is in the role of a learner which is one of the reasons she wanted to teach: you never stop

learning or evolving. Past and current experience as a specialized ward nurse put Sally in a position of expertise where she has valued knowledge that benefits her role as a faculty member as well as to share with her colleagues.

I feel like my role is to be really open to whatever is coming my way. Seeing that I have something to offer in every situation but I also have a lot to learn. But one of the reasons I wanted to teach is that you're never going to stop learning and evolving... I'm very much in a learner role. I'm learning how to do things... At the same time it's exciting because I'm bringing new things to the table. Maybe the people who are tenure-track and have been out of clinical practice for a while, haven't thought about, or they don't currently work on the ward where I teach clinical, so if anything I feel like they embrace me as the go-to-person for keeping them up-to-date. [It's] very exciting to feel like I can be a resource to them. (S1-8)

Coordinating clinical is where I have an advantage as far as still being on the ward that I'm coordinating for. But at the same time I'm still learning so much from other coordinators and faculty members about things like how to deal with difficult student situations. So in that way I bring this knowledge that's particular to our clinical but I still have a lot to learn about how to deal with difficult situations with students. (S2-21)

Transitioning into the role of a faculty member after completing a research focused MN degree with a thesis Sally feels as though she is losing her research skills. Her MN degree educated her on how to conduct research and interpret data; she feels that loss in her new role. I found it interesting that Sally is not only aware of but also grieving the loss of her advanced research skills. We dug deeper into her experience. Sally believes her new role would benefit with a research component as well as benefit the students she teaches.

I'm a part of a university, I feel there should almost be the expectation that even 25% or less of my role should be dedicated to research. I do think it would help me apply [research] into my teaching to demonstrate to students how research and practice co-exist and benefit from each other. Also, I think that we don't see research necessarily happening on the ward where people are working or they're having their clinical practice so maybe if we were doing more of that, even at the lower level faculty, it would be more integrated with the students. (S1-12)

Sally believes that being so far removed from the world of research makes returning to graduate school to pursue a PhD feel much more intimidating. Sally chose to complete a thesis to keep her options open to complete a PhD and wishes that research was more a part of her current role so the transition into PhD studies would not seem so daunting. This would also make nursing research more visible to students and not seem so abstract or removed from what they are doing as students.

It would be nice if it could part of my role. It would be more visible to students because then I could even talk about in class, "Right now I'm working on this research project that's looking into this." Then [students] can see that 'A' someone is doing research because a lot of the people who are doing research aren't necessarily having a lot of face-to-face time with students. They're doing their research in their offices and students can't see the application of it. (S1-13)

If Sally could offer advice to MN graduates transitioning into the role of nursing faculty member it would be to start slow and not feel that you have to take every course that is offered to you. It would also be helpful to teach courses that you have previous experience in. She would also encourage new faculty to ask a lot of questions. Find people who you are comfortable asking questions and can be a support to you.

...suggesting to new grads [to] start slower if that's an option, to take one course, one theory course, or something they've had experience in before. Not to take a med-surg theory course if they're a community health nurse. Try and stick to your area of expertise but also to not be afraid of asking faculty questions... I would encourage new faculty members to ask lots and lots of questions of people. You might find one or two people who aren't going to help you as much, but then find the people that will. Stick with them and don't be afraid to ask those questions because they were [my] the biggest supports, it wasn't my supervisor that was my support person it was my colleagues that had taught the courses before. (S1-7)

While Sally initially did not want to inconvenience her colleagues by asking them questions she quickly learned that this was normal practice as all staff relied on each other for sharing their knowledge and experience. Sally realized that as a new faculty member she was embraced by her colleagues as an equal and was no longer seen as a student, even though she may have still felt this way.

From my experience when I did ask them [questions] I would often be like, “Oh, I’m so sorry, I’m bugging you with another question.” Then the beautiful thing is that they’ve all been very supportive and said, “When I’m doing this course next term I’m going to be asking you about things.” I was surprised at how easily I was taken from student to colleague. I don’t know if that would be a reflection of every college, but for this one in particular, I was immediately assumed to be the role of a colleague. So it wasn’t that I was asking a teacher for advice, it was I was asking a colleague, and they were so happy to give it to me. (S1-7)

Reflection is essential. Following the completion of her first year of teaching and before the start of her second year Sally went on maternity leave which gave her the opportunity to reflect on her first year. Through reflection she was able to step back and evaluate not only the importance of reflection but of needing time and space away from the content. She recognized what an appropriate workload would look like for her and her new family, and the importance of advocating for herself in the future. Without the time for reflection and realizing that her future workload requirements would need to change Sally believes her personal relationships, especially the relationship with her husband, would have been negatively affected. Through our discussions it obvious that she was thankful she finally had the time to reflect on her first year during her maternity leave. This time to reflect benefited her personally and professionally: she returned from her maternity leave excited to return to her role as a faculty member.

Needing time to reflect is important. And not just reflect on your own practice or teaching experience but time from teaching a course. You almost need a term off before you teach that [same] course again so that you can come down from it and reflect upon it. Not a break from teaching, but a break from that content so that you can come back to it with fresh eyes. I think that’s important. (S1-9)

I’m really thankful that I had time in between my first and second years because it gave me space to look back on the first year of that transition and realize that was too much too soon. And that I need to advocate for my own workload a little bit better. Sometimes I wonder if I would have just kept going and hadn’t had that time off in between if I would have still said “yes” to everything and if my personal life would have deteriorated because of that. It’s hard to say but that space was really good. It also gave me a chance to step back from the courses that I taught and get a little perspective of what I would do

[differently] because I didn't have that time in between courses to reflect and change and develop the course. (S1-19)

Without having the time to reflect between semesters during her first year of teaching Sally felt that she was not able to improve her content or content delivery when she learned last minute she would be teaching the same course again in the following semester.

You need that downtime to reflect on what went well in that course, what didn't go well, and how you would change it. And you need time to make those changes. So I felt that I basically taught the same class at the same level twice, even though I had these wonderful intentions of changing things after my first experience. I just didn't physically have time to make those changes. (S1-6)

Sally meticulously updated her resume when applying for a new position during her second year as a faculty member. This was an opportunity for reflection as she listed and summarized her past education, and teaching and research experiences. Through our discussion she was able to realize that this was a form of reflection as she previously did not view it as such. Sally was able to understand that the process of creating a resume increased her confidence as she was able to reflect on these past experiences and how much she has experienced, learnt, and grown since beginning her journey as an MN student. Not only did this experience increase her confidence but it decreased her feeling of what she calls 'imposter syndrome' - not believing she is qualified for this new role.

Even to see a list of all the courses that I have taught or been exposed to because you can really downplay that. Oh, I've just been teaching a couple of years and it's only been labs or it's only been clinical. And now I have taught theory, but I've only actually taught it for one year. I say that stuff to myself. Then to see that written down on paper, that it's actually a very cumulative experience and is well rounded without too much planning to have it as a well-rounded experience. It was really nice to see that and to remind myself that there's a lot that I've done even though it's been in a short period of time. As much as I didn't want to have to apply for a new position it was a good experience. (S2-11)

Growing from Mentorship and Support

When asked about what aided her transition to the faculty role Sally quickly has the answer: it was the informal mentorship that she received from colleagues that resulted in the forming of meaningful relationships. For Sally one of these relationships began during her

undergraduate degree and continued developing through graduate school and into her new role as a nursing faculty member. She was encouraged by this faculty member following her undergraduate nursing degree to pursue teaching and then to enter an MN program. It was Sally's love of teaching though that truly inspired her to pursue an MN degree. She set herself a goal of transitioning from her main source of employment being in acute care to working in an academic institution teaching nursing students following her MN degree. Working for the same academic institution that she completed her BSN and MN allowed Sally to build a support network of informal mentors that has aided her transition in to the role of nursing faculty member.

I've had a lot of support within the workplace to ask questions. If I hadn't started teaching in the facility that I graduated from, and had connections with all the faculty here, I think that would have been much more overwhelming because I'd be more on my own. Whereas if I did have an issue or something I've never dealt with I have a lot of people I can ask. But I have known them since I was in my undergrad, throughout my master's, and then now as a colleague, so I've built relationships with them over the last ten years. My first few years of teaching were supported by them, but that all came in an informal way, not formally through the college. (S1-2)

It was clear to me that more than anything it has been the relationships with her mentors and other colleagues and their constant support that have impacted Sally's transition the most. Her thesis supervisors also aided her transition by connecting her with other faculty for support.

Honestly the things that helped the most were my thesis supervisors who knew I was now going to be taking on that role and also taught some of the same classes I was being assigned. Other faculty members who had taught whatever course I was teaching were also invaluable to me because I would just send them an email and ask them about something. Also I was very last minute assigned to some classes... so faculty gave me some of their previous lectures to go off of. I was supported in that way, I wasn't just thrown in. I really felt like I was supported by four or five other faculty members. (S1-4)

The members of her thesis committee also helped her transition to her new role as a faculty member. They knew she was transitioning into this new role and would make themselves available to offer assistance as needed.

My past committee members are some of my biggest supporters as a teacher. So there's a way that my masters has helped me in my transition is that my committee members got to know me in a different manner but now have [supported me] knowing that I was starting the transition [to] a faculty member. (S2-13)

Support from colleagues who had taught or lead the courses she was teaching was invaluable especially when working through challenging student situations. While all mentorship is valuable Sally stresses that it was mentorship and support from colleagues who had previously taught the same courses that also really supported her transition. These informal mentors would help her see situations from different perspectives but would ultimately leave the final decision up to her.

When we had student issues they really helped me to see how things are not black and white and basically still left decisions up to me. We would just talk through what could happen based on what decisions I would make to deal with a struggling student. And said, to encourage me, "Whatever you decide to do as long as you know why you're making that decision, go for it." To have that kind of support, knowing that I don't need to ask someone else to make a decision for me but I can work it through with colleagues [was invaluable]. (S1-8)

Sally felt fortunate that she was given an office that was close to others who had taught some of the same courses as her. They knew she was new and would frequently check in on her, see how she was doing, and ask if she had any questions. She remembers an instance where one of her colleagues made herself available to help her work through a timely student issue. Her support network truly aided her transition into this new role.

They would often stop at my door to check in and initiated that themselves. They knew it was my first time coordinating. I have a vivid memory of being in the photocopy room with one of these other coordinators who wasn't coordinating at the time. She happened to check in with me and asked, "How are things going?" I said, "I'm struggling with this student situation who is on a contract, I'm not sure how to deal with it." And she's like, "Well just tell me about it. Let's talk about it right here right now." We did eventually move into her office because it was more appropriate to talk about that there. Just to be going to the photocopier and doing my own work and then to have someone check-in and just say, "Oh, well I can help you right now, right here and right now." She was so

available to me for that situation. I didn't have to set up a meeting with her or send an email and wait for a day. And that was important because I had to deal with that student situation within a 24 hour time period. So it was really timely that she was there. That support network is not just there but immediately available. And in those situations I tend to remember things like what I'm looking at when someone is talking. I remember looking down at the keyboard of the photocopier and she just said to me, "You have some tough decisions to make but whatever you do will be the right choice." (S2-1, 2)

As a novice having support from colleagues helped build Sally's confidence in regards to her decision making when working through challenging student situations.

[Having support] helped my self-confidence. When you have a student in that situation who is somewhat manipulative it's good to be firm in the decisions you do make. (S2-4)

When asked if she believed she was more prepared to deal with that challenging student situation following her MN degree, as compared to before, Sally believed it had more to do with the faculty support she received than her advanced education.

I'm not sure there is a distinct difference before and after for that situation just because it was the faculty members that were there that supported me. I don't know if I could credit my masters for being the reason why I could handle that situation better. (S2-7)

Discussions of our shared experiences as MN students inspired Sally to start thinking about mentorship and the importance of mentoring MN graduates who are transitioning into the role of faculty members. While she acknowledges that she had many informal mentors she was never formally assigned a mentor by her employer. She believes that it may also be beneficial to start mentoring MN students at the start of their program.

[These experiences] make me want to look at people who are just coming out of their masters and help support them but maybe to even think about having a mentorship program.... It would almost be helpful to have a mentor assigned to you when you start the masters program to guide you through the different ups and downs. [Then] if you are having an existential crisis halfway through your masters program, which it sounds like everyone does, that you can have someone who's done it, and then says, "You're totally normal, everything is okay, let's talk through it, how do we work through that?" That would be helpful because then [students would] leave that program feeling like they've

had support throughout it and more confidence leaving it. Then starting your new role you would still have that mentor... (S2-9)

Sally feels a deep sense of gratitude to the mentor who has been in her life and supported her since working on her undergraduate nursing degree. When she thinks about the stories she shared throughout the interview process she realizes how fortunate she was to find this connection and build their relationship. She also realized that keeping an open mind to opportunities that presented themselves has helped lead her down her current academic path.

I wonder sometimes if I'm lucky to have met my supervisor when I did. To have had her guide me into teaching and then into doing my masters, if that was luck of the draw or fate. I can be really hard on myself because sometimes I fluctuate between I'm just really lucky that I met her and then to no, no, no, you're supposed to be here, you're smart enough to be here. When I think about the stories I was telling I'm so thankful that happened as far as meeting her and making that connection starting in my undergrad. So just saying yes to opportunities was the right choice in my life. (S2-10)

I'm really thankful because knowing her has lead me to other people who then supported me throughout this transition period. My dad used to always say, "It's not about what you know, it's who you know." There's probably a lot of truth to that. I mean you have to know something but looking at all of the stories it's just a good reminder of how supported I was and how thankful I am that those people chose to do that for me. (S2-11)

Sally has a special relationship with this mentor. She happily recalls their first meeting in which she was biking outside and ended up rescuing this faculty members' runaway dog. Sally immediately recognized the dog's owner as a faculty member where she was doing her BSN. This is how their relationship began and then grew into something so much more over the next decade. They next connected through student council meetings and then Sally was later asked to work as an RA for her.

...when I was on student council and she was the faculty liaison she remembered me from rescuing her dog and was more engaged to talk to me in those meetings. I felt like we had a connection that way. It's kind of humorous that initial story. She's just always been there if I needed her and had a very genuine interest in my life in and outside this school setting. When I had my baby she came and visited me and brought me a present. I think that just going that extra step to make me feel welcome but also just to be a friend and

colleague and a mentor, she's a lot of different things to me. I think that's a beautiful thing. Even now we don't see each other as often because we're not teaching the same course at the moment but I know that if I were to need anything I can just walk down the hallway and ask her. She always keeps me in mind for things. If there's any marking or extra work and she thinks I'm suited for it she'll throw it by me and see if I want to do it. I don't know how or why but I get the feeling or impression that she knows that I'm there at all times. That is something I think is so valuable and you can't really put a price on that as far having a mentor who's always thinking about you. But it's still professional. It's hard to explain. We can connect on many different levels but in the end she's still a colleague and someone I care about and I know she cares about me. (S2-12)

Building on Previous Experience

Sally strongly believes that her previous experiences as an MN student, TA, RA, clinical and lab instructor, and acute care nurse have all positively affected her transition into the role of nursing faculty member. She has been able to integrate and build upon these previous experiences to aid her transition. This has allowed her to slowly gain confidence in her new role. In her experience it is a package deal and all ties together.

I think it's important that I have clinical practice to be teaching classes. It's a whole package deal having clinical experience, your masters, and then even teaching some labs before. Especially now I feel like I have a pretty good picture of the whole BSN program because I've seen it from different angles. I'm not just a clinical instructor, I'm not just a lab instructor, I'm not just a theory instructor, I've done all of them. I think I pull from each of those experiences. (S1-3)

While it is not a requirement of the MN program Sally accepted opportunities as a graduate student to work as both a TA and RA. The experience she gained from that employment was extremely valuable while she transitioned into the role of nursing faculty member. Working as a TA provided an opportunity for teaching experience as well as experiencing firsthand the actual role and responsibilities of nursing faculty members. During her first year as a faculty member Sally was required to teach courses that she had previously co-taught as a TA. Having the experience of previously co-teaching the class with faculty support and being responsible for course responsibilities aided her transition when she had full responsibility for teaching her own courses. Previous TA experience during her MN program aided her transition because of

previous experience with similar or the same content when teaching theory courses while in a supported environment.

The first time I taught one of [my own] classes I had actually co-taught it, so it was a nice way to be brought into the class. This was a heavy theory class and in that way I only had to prepare for half of it. I also got to see how the professor set up the course and learned a lot of the administrative things like how to work with exams for students who have disabilities [and] how to set everything up on our computer system so that students can get the assignments or their marks back. That was [a good experience] to have someone else as the course lead, and me as her co-teacher, as she took most of that course and I could follow her along. Having that experience of not having to start the whole class from scratch and not having to be the only person teaching it was helpful.... I [was also] exposed to some of the assignments which was really helpful. I knew what was expected of that paper in that class because I marked it in previous years. So then when I'm explaining it to my class I knew what was expected and that was really helpful. During my master's having that TA experience with classes helped for that transition. (S1-4)

Sally's teaching practice has improved based on learning from her previous teaching experiences in the same or similar role. She is thankful she had this previous experience to build on as her MN degree was research focused and she received no formal education or training on teaching adult learners.

I look at some of the research that's out there, or even get feedback from students, but it's been all experiential if that makes sense. I'm getting better every year only because I've had experience not because I've been given any formal training. (S1-2)

When you're in undergrad you always think some of your best teachers are the teachers that have done it for 100 years; they have all this life experience to pull from. I don't think that's necessarily true for the students I had my first time because I had some experience to draw from but not a vast amount of experience. I was really kind of winging it. I got good feedback from the students, no one was ever like, "I don't think she knows what she's talking about," but maybe they just didn't say that to my face. But my evaluations from students were still positive. But maybe they don't know what they're missing because I didn't teach them something, and I didn't know what they were missing because I didn't have that experience either. I think it was probably a very basic

experience I was giving them and each year that I teach I feel it's getting richer and more involved and I have a better of picture of the overall experience for them. (S1-2)

We explored further how her teaching is becoming richer and more evolved the more experience she gains. Gaining more experience positively impacts her teaching by having a better picture of the students overall experience in their BSN program.

Having taught a theory course that correlates with clinical [allows me to] make my clinical experiences richer because I know the content that they're learning in class. I can then bring that into their clinical experience and highlight what they're learning in class. And show them right then and there what they have learnt in theory. I think that has helped [provide] a richer experience for students. (2-18)

Having the experience of teaching labs for baccalaureate nursing students before entering the MN program enhanced Sally's clinical practice. This further exemplifies her belief that all her teaching and learning experiences build on each other and tie together. Not only did this previous teaching experience enhance her clinical practice it also made her realize that she wanted to teach more and would therefore pursue an MN degree.

After that first year of teaching, I had done some first year labs and really enjoyed it and thought it enhanced my clinical practice, I realized that the next step from there would be doing a master's so that I could have more of a focus on teaching... (S1-1)

For those labs I had to prep for them and almost go back into student mode where I was re-visiting some of the more detailed anatomy, our assessments, and how those two things intertwine. Even though I was doing assessments in my clinical practice it was a refresher on how and why we do the assessments that we do. I think that's how it helped my clinical practice. I think when you're in your undergrad you can get really focused on knowing what you need to know for an exam... And parts of it stays with you, but not all of it....I think having a teaching role forces you to go back to the basics and helps you become a better nurse. (S2-12)

Sally has her own unique knowledge and experience to share that she gained from her previous and current clinical experiences that is valued by her colleagues. She is commonly asked questions by senior faculty and finds it exciting that she can be a resource to them.

...that's where usually I'm asked questions from senior faculty, "Does what we're teaching reflect with what's happening on the ward?" So I don't know if it correlates

with being a novice or just the fact that I'm still practicing because that's where I'll usually have questions and that's been my experience as far as being a resource to them. They ask, "What policies are new on the ward, are we even still using these types of calculations?" That sort of thing. (S2-20)

Benefiting from Master of Nursing Education

Through our interviews and exploring deeper into her stories Sally was more fully able to understand how her MN degree aided her transition. Completing her MN degree helps build her confidence and reinforces the belief that she is where she's supposed to be: in the faculty role. While the nursing faculty role can be overwhelming it is also very rewarding. Following the completion of her first year as a faculty member Sally can remember when she felt like this new role was exactly where she was supposed to be. At a faculty meeting she had the opportunity to share her knowledge and experience which was welcomed and embraced by her much senior colleagues.

I think the personal value [of my MN degree] is that confidence. Feeling that, I'm supposed to be here, I'm supposed to be a faculty member. It makes sense that I'm here, and sometimes I have to remind myself of that. But having that masters also reinforces that. It gives me the sense that I'm where I'm supposed to be. So I think that's really my personal value. (S1-10)

Sally expands on this by saying: *I think it relates to when I'm asked questions and my opinion on situations by other faculty members. That is when I feel like I'm supposed to be here, I'm more than just a fly on the wall in this meeting. When I was invited to year three committee meetings, it's not a big deal in the grand scheme of things, but the first time I was invited to that. I was at that meeting with people who had taught me in my undergrad and they were asking me questions like, "What content do you think should be incorporated in this year? Is it a reasonable expectation that people in third year should know this?" I was asked that and thought, I get to have an opinion on this matter? That was a situation where I felt like I was in the right place. That happened in the first year as soon as I taught a theory class, clinical, and coordinated. I was expected to be at the year three meetings and was like, I get to be there? I'm allowed to be there? So that validated that feeling. And especially once I was in the meeting I wasn't just a silent participant. I was asked specifically what was happening in the clinical situation or in*

the theory course and what do we need to highlight. We talked about interprofessional experiences and how could I see improving that experience for students. That was really exciting to be a part of. (S2-21)

Her increased confidence translates directly to her ability to manage stressful situations, work competently while under pressure, and meet deadlines as these were expectations of her during her MN education.

Maybe I just have imposter syndrome all the time but I do think it helps give me confidence in a teaching role. And even on the ward when I'm in my own clinical practice ward nursing sometimes if I'm not feeling very confident about my skills or how I'm time-managing my day. Sometimes it's a good thing to be like, you've been in stressful situations before, both on and off the ward, you can handle this, you've got this, you know what pressure feels like, to have people depending on you to get things done, and just to remind yourself you're going to get through this day. So if anything it helps my self-confidence because I do think even though I am a bit removed from being a student, not very long ago, I still feel imposter syndrome all the time. (S1-9)

Returning to university and completing an MN degree affirmed that teaching nursing students was what Sally truly wanted to do with her nursing career. While she chose to complete a research focused thesis she came to realize that research was not her passion and that she wanted teaching to be her focus. It was empowering for Sally to set the goal of completing an MN degree and achieving it.

One thing the masters has helped me do is confirm that I want to teach. I enjoyed the process of learning about research but I didn't find it to be my passion. So the masters has helped me find that out in a backwards kind of way. (S2-7)

[My MN degree] solidifies the fact that I wanted to teach. I've put in that effort and now I have this thing that I've accomplished. (S1-9)

The personal value of Sally's MN degree is pride in herself for achieving the goal of advancing her nursing career through completing an MN degree. The experience of earning a MN degree has fostered resilience, a belief in herself that she is capable of setting challenging goals and reaching them.

It is empowering to set a goal, something that is somewhat daunting, like your masters, and completing it. So if anything that way of understanding yourself and knowing that

you can achieve something that is challenging is very valuable.... It makes future challenges seem attainable because you know you've been able to meet difficult situations and deadlines. (S2-8)

Sally first felt the value of her MN degree when she secured her first permanent teaching position. She then felt that all the time and energy she put into completing her MN was well worth the effort.

It was a confirmation that all that hard work gave me enough leverage to say, "If you're going to ask me to [take this course load], I would like a position." And then someone just to be like, "Sure! No problem. Here you go. It makes sense, you have a masters and you're here to work. Let's do it." So that was like okay, it was worth all that hard work. That probably wouldn't have happened if I didn't have my masters and was a very quick validation of completing that masters. (S2-8)

Sally strongly believes that having an MN degree increases her credibility as a teacher to her nursing students. This is important to Sally as she completed her MN degree a few years after her BSN and is aware she has less experience to offer her students. Students are often surprised that she has her master's degree and find inspiration to enter graduate school based on Sally's academic and professional goals.

Students for sure look at me twice knowing that I have a masters. They take me a little bit more seriously. Especially that first time I taught a theory course. I look young and I sound young. I'm not a loud, assertive person. I think the fact that I've been around long enough to have a masters even though they might not know that it was so quick after my undergrad gives me a little bit more credibility in my teaching role in that way.... I've had students who are surprised I have my masters and it opens up their minds to the potential of doing a masters because then they're like, "Oh, you can be a newer nurse and do your masters? That's something that can happen?" They didn't realize that was an option before. So in that way I feel validated or all that hard work was worth it. (S1-9)

In Sally's opinion having her MN degree translates her passion for teaching and the nursing profession to her students. It shows her dedication and excitement towards the education of adult learners and their active engagement in that process.

It sends the signal to students that I'm here to teach and excited to be here. So excited that I even went and completed my masters because this is where I want to be. It helps

solidify my enthusiasm for teaching and translates that to students. I think because I usually teach in third year and [students] have had a few clinical experiences, by the time they come to me they've had very differing experiences. I think to then see an instructor that's excited and wants to be there helps their overall learning experience. (S2-8)

Initially when directly asked what she believes the value of her MN degree is or how it impacted her transition into the faculty role Sally had to think about it. I was surprised how difficult it was for Sally to initially answer this question. Together we dug deeper into her understanding to explore the value of her MN education of this transition. She expressed that the role and responsibilities of a faculty member are very different to what she was working towards in her research focused MN degree. It is also difficult for her to explain or describe what learning impacted her the most during her MN education. After careful consideration she came to the realization that her graduate education was an experience that helped her to grow and see a bigger picture of research and the nursing profession.

I think I still struggle to verbalize some of the value of the masters into words because it's not always so black and white. I was trying to rack my brain when I was thinking about the second interview: how do you verbalize what was the value of my masters? I think that's really hard to quantify or even conceptualize sometimes. (S2-1)

I wish I could verbalize more clearly what the value of the masters is because I talked about how it helps your self-confidence, makes you feel more legitimate in certain situations with students, with other people in your peer group, or in your social life, but I also think there's a lot more to the masters than just that.... And I just don't think that I verbalized it and like I said, I'm not sure I know how to. Just because I might not even truly understand what the value of my masters is in a way that I can tell someone else.... the understanding of knowledge and experience in time and even just exposing yourself to something that's different is valuable in itself. So exposing myself to a field that I actually know nothing about like research. And even though my clinical practice doesn't necessarily involve research or its practical application doesn't mean that the experience of the masters, learning the research role, is not valuable to my clinical experience. So translating that I think is really hard to do and something that I struggle with. Maybe you find that in the literature too that we can't always verbalize what is the benefit or the exact value of having a masters because I think a lot of it is not visual to other people,

right? It's not something you can necessarily see. It's more an experience that helps you to grow and to evolve and to expand your mind. (S2-5)

Together through our discussion and through the use of probing Sally is able to understand that her MN degree allowed her to grow professionally in multiple ways. This includes understanding herself better, prioritizing a comfortable work-life balance, and exposing herself to something as unfamiliar as conducting research. Completing a thesis in her MN program exposed her to a plethora of nursing research and literature that she did not realize was available. Her mind was opened to the richness of available nursing literature. It also allowed her to see all the different areas and avenues of nursing and nursing research. The results of her thesis study also allowed her to grow by helping her to see a bigger picture of the people she works with in her clinical practice. When I asked Sally in what kind of ways she has grown she explains that:

Growing in your ability to know yourself... a lot of my stuff is about workload and knowing what is a good balance of work-life situations. Also, to be exposed to something else. I had no idea the amount of research that has gone into the area that I ended up researching. I don't think I realized how much practical information was out there for someone in the clinical setting. (S2-6)

It is with more ease that Sally can explore the ways her MN degree has impacted her clinical practice than her transition in the nursing faculty role. While she has definitely felt the value of her MN degree during her transition it is much harder for her to articulate it in that context because it was research focused and not teaching focused.

I think with jumping into a faculty role that's where I struggle a lot to see the direct value, other than it got me the position I'm in. Which I know there is more to it, but I don't always know how to verbalize that. (S2-7)

I've definitely felt the value of it. I think the thing that's a little bit greyer or harder for me to translate is whether or not the things I did in my masters relate to my teaching. So because my masters was very researched based it's teaching me how to research, and conduct proper literature reviews or interpret data. Where I sometimes question the value is whether or not that helped prepare me for the role I have now. I understand the value of it, but it's not as black and white as say a formal class about teaching. And now I'm a teacher. I learned how to research and interpret research results and now I'm not

doing that in my role. I have talked to my supervisor about how if I want to incorporate research, could it be a part of this teaching role?... I feel like that separation is growing the further I get away finishing my masters. So then I do question sometimes what was the point of learning all of that if I don't get to apply it? (S1-11)

She is able to recognize the value of the research she conducted during her thesis when she works at her clinical practice. Her thesis work impacts her the most because the specific population she researched is also who she works with in her clinical practice.

My thesis work itself has impacted me the most because the thesis worked with a specific population that I also have the honour of working with in my clinical practice. The literature review I did for my thesis, and also the results of my thesis, were really applicable to the population I work with. So in that way I think that is the biggest benefit. Now I have better ways to support those people because I've been really deep into the research of how other people have supported that population and I had particular results of what people I work with actually say about how they want to be supported. The actual research [I conducted] was [beneficial] but the courses that I had to take for the degree maybe not as much... in that way I see the value of research. I saw it firsthand. (S1-17)

The knowledge gained from the results of her research have not only been applied to her professional life but to her personal life as well. It has provided insight into what truly matters in her own life and advocating for those values. She is also better able to set boundaries and time limits for herself when preparing her course work as she previously found herself spending hours over preparing and focusing on potentially irrelevant details.

I have a bigger picture of nursing as a profession and applying research to practice. My ways of knowing in that way have changed... My researched focused on a lot of psycho-social issues with family members and supporting those people. I came home with some fairly simple messages of people just need time and space, and to be supported. I think that I can take that into my own life too.... Being able to advocate for myself has changed too. I know how important it is and feel like you only get one life to live, as far as I know. You need to take advantage of that. You can have all of these goals and things you want to accomplish but there's always going to be something else to do, and something else you could be looking at. Something else you could be incorporating into your course that

you're teaching, there's always more. So just getting a better understanding of what's pertinent and important, and balancing that. (S1- 18)

The experience of conducting her thesis research also provided insight into the research she would be interested in conducting in the future.

If I were to continue to do research... it would be something that is really applicable and practical... I came out of that experience knowing that I would be motivated and passionate about research that I could apply directly to practice. Maybe that's just where I am in my career too because I'm still in clinical practice and I want research that applies to it... my masters really influenced me in that way. My project was something that I could apply so in the future I would want to continue that type of research. (S1-17)

MN education has allowed Sally to see a broader picture of nursing as a profession. She has a bigger picture of applying research to practice as she was able to experience this first hand. The experience of being a MN student opened her eyes to all the different avenues that you can research but also the different areas that are involved in the profession of nursing.

... when you start to do things like a masters where you're researching or you're looking at literature that exposes you to what people do in other cities, other wards, other countries, it opens your world view of what nursing is. In that way you can kind of step out of your bubble. Then when you're outside of your own bubble you can start to advocate for decisions to be made that would advance the nursing profession. You see how policy and how we educate students has such a huge impact on the nursing profession. Having that experience as a master's student opens your eyes to all the different avenues that you can research but also the different areas that are involved in the profession of nursing. (S2-22)

Sally has had the experience of instructing clinical and labs at a baccalaureate nursing institution before and after completing her MN degree. She believes the experience is different depending on what course she is teaching. When teaching hands on clinical skills she is able to incorporate more research and is more comfortable including relevant theory. She is more confident when discussing best practice guidelines and the relevance of them with her students. She is generally more comfortable and confident when incorporating research and relevant literature into her lab experiences.

Yes and no [instructing clinical and labs is different after completing a MN degree] depending on what course I'm teaching. For example, for the assessment labs and hands-on stuff teaching is enhanced when you have a master's. I can bring in more research. I know how to talk about research with students and how to apply it from class and into the situation that we're learning about. But the actual skills I'm learning or clinical skills I'm teaching them, that doesn't really change based on whether I have my masters. But now I'm more confident in saying, "Best practice is..." because I've also been exposed to more things too as far as research goes. But my masters was also very focused on one particular area so it doesn't apply to a lot of the stuff I'm teaching. If I'm teaching how to insert an IV I can't bring in my research about palliative care experiences into that IV unless I am really creative and there's not usually time to do that. (S1-2)

Having a MN degree has been especially beneficial in her new role when she is teaching a theory course.

... when I've taught a theory course having my masters has been really beneficial. 'A' because now I'm allowed to teach theory because I have a masters but also I can bring a lot of research into my lectures. (S1-3)

MN education allows Sally to confidently and competently incorporate nursing research into her courses when teaching theory classes. Experience from her MN degree helps her to bring research into lectures or teaching by being able to search for and find relevant and current best practice information faster and more efficiently.

Now I know how to use all of our search websites and databases a lot better. It makes finding an article a lot quicker. If I'm looking for something specific in what I'm teaching, if I'm talking about cystic fibrosis, I know how to search for CF articles efficiently.... With theory courses it's easy to bring in research because you talk about a disease process and how we treat it and why. You can provide all of these links to other websites about how that happens, or best practice guidelines on something like an ostomy. I feel like that's pretty easy. In the clinical setting is where it becomes more specialized for the treatments. If you were to have research that's more philosophical it's harder to bring that into teaching clinical but bringing that into a theory course is a lot easier. (S2-19)

Sally's Story: Conclusion

Sally feels a deep sense of gratitude to her mentors who have supported her through this transition. I found this to be threaded throughout her story. Being guided and mentored by a senior nursing faculty member from when she was working towards her BSN until present has played a significant part in Sally's story. The informal mentorship she has received from her long time mentor as well as from other faculty members and colleagues aided her transition into her new role more than any other factor. As a novice nursing faculty member Sally feels that she is in the role of a learner. She continues to work towards establishing a work-life balance that is in line with her priorities as a wife and mother. While it was her long time mentor that encouraged her to pursue a career in academia it is her MN degree that reinforces the belief that she is where she is supposed. Completing her MN has built her confidence and nurtured her professional growth. While she does question if completing a researched focused MN degree was the correct choice for her as she did not feel it prepared her for the role of faculty member she is now able to see a broader picture of the nursing profession and a bigger picture of applying research to practice.

Kate's Story: The Transition to the Role of Novice Nursing Faculty Member

Kate is her third year as a faculty member at a baccalaureate nursing institution following the completion of a course based MN degree. As a goal setter she entered graduate school with the intention of working in academia. Kate is passionate about the nursing profession and educating the next generation of nursing students. She embraces the belief that learning and education are lifelong and wants to instil that value in her students. For her learning is purposeful. She is no stranger to the uncomfortable feeling of being in a novice role. She jokingly admits that she is an expert at being a novice after a thirty year nursing career including bedside nursing and multiple leadership roles including management. As a beginning researcher I was nervous and almost intimidated to be interviewing a participant with so much nursing knowledge and experience. Kate's welcoming demeanour quickly put me at ease as she invited me into her home to conduct our interviews. She shared openly and candidly with me and I found myself easily drawn into her stories. It was interesting to explore her stories together and dive deeper into them to discover their meaning. She has found transitioning into the novice faculty role to be the most challenging since transitioning into her first bedside nursing job over thirty years ago. Kate strongly believes her plethora of experience has helped guide her transition

to the role of nursing faculty member. It was not until she was forced to reflect on her MN education while completing a faculty educational program on teaching and learning that she realized the extensive value of her MN education and how it aided her transition into this new role.

Being a Novice

Transitioning into the novice nursing faculty role felt like transitioning into a whole new world for Kate. Everything was new to her when working in academia at a baccalaureate nursing institution, including the people. This initially caused feelings of stress because she did not know who to ask for support. As a novice Kate needed to ask questions to obtain needed information. Being immersed in a new environment in a role in which she had very little experience caused Kate to feel stress. This feeling of stress was exacerbated as she shared an office with another novice nursing faculty member and they fed off of each other's anxiety. While this relationship resulted in friendship Kate believes the experience of sharing an office with this colleague hindered her transition due to the increase in stress regarding the ambiguity of their new roles.

I shared an office when I first started... Two of us started at the same time. We actually both took our masters together. They put us in the same office together which may or may not have been a mistake. I made a great friend but we were constantly saying, "Now what-- Who do we-- What should we-- Is there more to this-- How do I find this information out?" We fed on each other's anxiety. That was potentially a significant stress for me. While I loved working with this colleague and totally enjoyed her as a person, being brand new novice nursing faculty and coexisting in the same office exacerbated some of the anxiety that I felt as a new instructor. (K1-2)

Her passion for the nursing profession inspired her to work with nursing students to positively impact the profession. The stress and anxiety caused from sharing an office space with this colleague made Kate question whether this new role was truly a good fit for her.

I am very purposeful about what I do, and I was very passionate about starting to teach students... I had come from management where I was very burnt out and had lost that passion. I had this expectation of teaching students and making a difference... Then I get in an office space with two of us that were basically a little bit clueless. We fed off each other's anxiety. I didn't know if this was going to be the right job for me because of the anxiety and frustration it created. Now in the end I think that I helped my officemate, and

my friend, just as much as she helped me transition but we created more anxiety than we needed to. (K1-7)

Kate describes how she spends hours preparing for her teaching responsibilities as it is important for her to understand all the details. Extensive planning and over preparing stemmed from her desire to be as competent and knowledgeable as possible to enhance the learning experience of her students.

I was spending a lot of time preparing for and being ready to teach. One hour of lecturing, four hours of research. One hour of lab time, four hours of prepping. (K2-14)

Kate had an experience as in which she realized that her role as a faculty member was not always about the outcome, the passing or failing of a student. In her first year she was hard on herself as a novice faculty member and set high expectations on her teaching abilities which she believed should therefore be reflected in her student's success.

My perception of my job is to teach students the role of nursing in whatever area that I'm in. The first clinical teaching I did was in second year. In my very first group of students I had a student who was sick and not there a lot... she was late, her work wasn't done, and I failed her in her clinical experience. That felt like a failure to me. So the outcome should have been all of my students should have passed. I should have been a faculty that could teach my students to get around to those things. What was going on in her life that she wasn't being successful and how could I help her? And I failed her because she wasn't safe and I felt she wasn't learning.... She shared with me that... it was her mom that wanted her to be a nurse and she didn't like it. It was not for her and that she never felt unsupported by me. She always felt that I was supporting her. She just didn't want to do it and so she kind of dug her heels in. My perception was that she wasn't even trying but that perception wasn't wrong it was that she didn't want to do that.... So the outcome was that you still need to support the students but the learning might not be in nursing.... that was my first clinical group and I felt like such a failure because...I think she would have made a great nurse. But she didn't want to be a nurse. (K2-20)

Kate uses stories to cement learning with her students. As a novice she has attempted to implement different teaching theories and has found that students love learning from personal stories. In her third year of teaching Kate does not focus solely on lecture content and is able to create clarity in her teaching by adding a personal story. She shares a story that illustrates saving

a child's life by understanding anatomy and physiology, aseptic technique, learning to critically think under pressure, implementing nursing knowledge, and understanding the role of an RN. She also expresses that teaching nursing students is an extremely rewarding experience for her.

...this is one of my stories I tell my students when I'm teaching about the cardiac system, the heart defects specifically in pediatrics. It's really hard for students to understand heart defects when they are so accustomed to adult congestive heart failure to understand heart failure from a pediatric perspective. I really feel like you need to know your anatomy and physiology and so those are stories that I share. When I worked in XXX we used to do cardiac surgery here and Dr. XXX was the cardiac surgeon and we did two surgeries at minimum per week and I remember this one [patient] ... we had to crack the chest and I actually got to stick my finger inside the hole that was in the aorta because the patch from the coarctation had blown and the child was bleeding out. When we opened the chest I had my gloved hand stuck in there. We went down to the OR I could feel the blood whooshing by that finger. That family was so grateful to the healthcare team. I just happened to be the one who was the nurse the day that little girl's life was saved and she was okay. You get that really rewarding experience that I picked up on this soon enough that we were able to save her life. Every student that I taught remembers that story. So it's sharing stories and understanding the impact that you can have. With these students you get that same rush of the information that I shared with these students was enough for them to pass. Now they text or email me to tell me that, "I passed my NCLEX," or, "I didn't pass my NCLEX, can you help me with study maps?" I have valuable information to share with them that will help them to achieve what I've achieved. Feels pretty good. (K1-20)

Kate is passionate about her role as a nursing faculty member. It was clear to both of us that the overarching tone of Kate's story is her passion for the nursing profession.

I think my passion for nursing helps me to become a better educator.... The thing about nursing that engages and excites me is it's a bit of a calling. To be an educator you've got to put the time in for learning and that's...time well spent especially if I can relay that on to my students. (K2-6)

Kate admits that this experience of being a novice is one of her most challenging role transitions. As a novice faculty member she felt that she had fairly high expectations put on her, some of which were her own. Her academic institution did not offer an orientation and initially she did not know who she could go to for support and mentorship. She found herself searching for mentors to help answer her questions and offer her guidance.

This novice experience for me as a new instructor was one of my most challenging...simply because I didn't know who my allies were. I didn't know who the people were to go to. I don't know that my masters could have prepared me for that piece of the puzzle. That is probably more a work place issue in that there needs to be better orientation. Something designed to tell you who the people are that you can ask for help. Where do you go? What are your expectations? (K1-2)

An unexpected challenge that Kate encountered during her transition was the expectation of creating NCLEX style questions for her exams. In 2015 the NCLEX-RN exam became Canada's new national licensing examination for those applying to be in RN. She felt unprepared to write and create her own exams as that was an expectation in her new role. She recalls that there was no education on creating exam style questions during her MN education. Kate spent hours preparing NCLEX style exams as she felt completely out of her comfort zone. She utilized every resource she could find and searched out faculty members that could help answer her questions and support her in a way so that she could be successful.

...I jumped in and became the course leader so I was forced to learn about expectations, and writing exams, a masters does not prepare you for [exam writing]. Especially as we go from what I was accustomed to for the CRNE to the NCLEX and understanding NCLEX style questions was something I was just petrified about. It's just like the theory says, I hit the books. I probably spent four times as much time preparing as I did teaching so when they say four hours to every one hour, you can almost quadruple that, because now write an exam in there. I just was so out of my element. That first year had really taught me who my go to people were: the people I can ask for assistance. That was where my years of experience actually helped me because I wasn't afraid to ask for help... It was more about just asking the right people to get the right help.... There was a lot of anxiety, I spent way more time than I ever needed to research how to write exam questions. Exams were probably my greatest challenge... Exam writing stressed me to the

max. I took courses, I went to seminars, and I read every NCLEX book that I could possibly read in order to help me help my students. (K1-8)

She felt extremely unprepared to write NCLEX style exam questions. Kate expresses that I never had to write an exam question in my life... And nothing in my previous experience ever lead me to that either... and nursing had not prepared me in testing. There was a lot of training in both the master's and undergraduate degree programs on evaluation, but not in creating evaluation tools, which is basically what an exam is. (K1-9)

Kate shares a story on what her journey into the creation and evaluation of exam questions has been like for her. She feels like a novice in this area and often learns through experience what is or is not a “good” question.

I'm still very much a novice in writing exams. I would not say that is my expertise yet. Today I went and helped a very senior instructor with a computerized exam...this is an exam I created so I felt some ownership to help her out. I got [into the exam] and I'm showing her other aspects: how you can look at your stats, and whether it's a good question or bad question. We're looking at one of the questions and I know I've been over this exam a lot. There's one question that was like, we should have taken that word out because it said contact the doctor immediately. Immediately makes you think that there's imminent danger when in reality it doesn't need to happen immediately but you should contact a doctor about it as soon as possible. But the word immediate could have thrown a student off because they all picked the same answer and it was the wrong answer.... I thought it was an easy question. Then you start looking, I used that word immediately. Is that what through them off? Probably. So even one word can make it an unfair question. (K1-9)

Kate believes that the novice nursing faculty role has been a rewarding experience. She started teaching students in the second year of their program and found that it validated her desire to enter academia when she watched her first cohort of students' convocate.

I went to the pinning ceremony where they received their pins and watched them walk across the stage. I taught them in second year and I also taught them in third year... So I did get to know those students over a two year period and then stayed in touch with them throughout their fourth year. Many of them had asked my advice... They would connect with me to ask me if I would be a reference for them. I got to watch some of them walk

across the stage this spring. I just really had that feeling of 'I made a difference' and so it was like receiving a gift for the work that's been done. So it really validated my desires to go into teaching. (K1-19)

Reflection is essential. Having to complete a faculty educational program on teaching and learning at the baccalaureate nursing institution where she is a faculty member forced Kate to reflect on her MN education. She believes that if she was not forced to reflect on it she is unsure if she would have ever done so. This experience allowed her to realize that she was more prepared for her new role than she initially believed. Reflecting on her MN education increased her confidence in her abilities and competence in her new role.

I don't know whether I would have [reflected on my MN education] if I hadn't been forced to. So here you're a new masters prepared faculty, just starting that job and feeling like a fish out of water. You think you don't have the skills or the knowledge in order to do it, we all go through that as a new novice. Well here's what I learned and that is my faculty requirement forced me to reflect. And when I reflected I realized I got this, I know this stuff... this reflection helped me to pull out my books and papers, look at what I've learnt, look at what were the goals of that course, and did I get that? Yah, yah I did. (K2-17)

Kate was forced to reflect on what she had learned which she believes created a deeper level of understanding of her education that she would not have without the reflection. She translates this knowledge to her role as a faculty member when she encourages her students to keep and continue to use their nursing textbooks for their licensing exam and for their future years of nursing practice.

I was forced to reflect on what I had learnt. Then as we all know, especially when you're taking your master's or when you're an instructor, is that that reflection creates such a deeper understanding that you use the knowledge more that you ever would have if you never reflected on it. (K2-6)

...you don't really realize it at the time but reflection really does help you connect the pieces and recognize that I learnt that. I tell my students now to this day, don't throw out that text book, don't sell that textbook the minute you walk out of this class. You're going to need it for your NCLEX and you might need it for years to come. Those papers that I wrote [during my MN degree] I still have them, I still go back and look at them. I also

recognise that they are not as valuable now as they were then. But sometimes it just twigs a little question to ask myself like, what about that? Is that answered in the latest research or did that research answer that question? I think there's little bits and pieces all along the road that you have to reflect on and recognize it for its worth. (K1-14)

Growing from Mentorship and Support

Mentorship and support were essential for Kate to transition into her new role as well as to help her develop confidence and competence. She found that she needed more than one mentor. She searched for mentors who were experts in the areas that she needed mentoring and found this allowed her to transition to more expert practice as a faculty member. I found myself inspired by Kate's drive to find mentors who would inspire and guide her practice.

...I found that I needed more than one mentor.... And it was finding out who were the experts in the areas that I needed mentoring in. I was spending a lot of time preparing for and being ready to teach.... For clinical there was a lot of instructors who would say to me, "How do you manage to spend from nine o'clock in the morning until one o'clock in the afternoon doing your research for your students. Every other instructor is done in an hour. Why do you take so long?" I'd say, "Well, I need to know the details. I need to know what that bloodwork is so that if they don't pick up on it, I have picked up on it. And I know they're third year nursing students but it's still my responsibility to be there." And having those types of experiences and then hearing, "well other instructors only spend an hour" made me feel like I was doing something wrong. Then when I found the experts, those ones that were the fantastic instructors, the ones that the students talked about, they spent 4-6 hours doing their research too. They did know those little nuances and details. Those other instructors were not the experts. Students would learn more because you had more information to give. (K2-14)

Kate found the expectations of her new role to be ambiguous and found that it was her mentors that taught her what she should be expecting of herself. She had a strong desire to be prepared and knowledgeable which lead her to seek out mentors who were experts in their field. When she was able to understand what to expect of herself her confidence in her new role was increased.

It was a mentor that was an expert in their field that lead me to what are the expectations and what should I be expecting of myself? Is this normal or am I spinning my wheels or

doing work that is not useful? A mentor prepared me for what I should expect of myself. One of the colleagues that I worked with, she actually taught me in my diploma program. She had such strengths in areas of anatomy, physiology, and pharmacology, where you really have to know the theory behind it and understand it in order to implement it, the practical knowledge. Knowing that she still spent hours preparing, she's been teaching for thirty plus years, lead me to believe that that's the thing with nursing: it's life-long learning. (K2-14)

Kate shares a story of her experience seeking out her mentors, those experts who could help guide her into her new role.

...what do you want to know about, you want to know how much time you should be putting into clinical? Find out who are the best clinical resources. Who are they? Who do you want to be like? Who do you want to role model yourself after? Find those people. I don't want to go to the faculty member that thinks they're the best resource I want the ones that the student's think are the best... Well I'm going to go and talk to them and find out what did they do? How do they prepare? So if the students needed to know the lab values, that meant that instructor needed to know the lab values. And so how did she prepare? What did she do or he do? (K2-17)

As a novice Kate felt that she should not question some practices or policies. Kate's mentors encouraged her to challenge the status quo as they themselves believed in doing the same. Upon entering academia and teaching an assessment course Kate was surprised that nursing students are taught to listen to lung sounds in so many places when she knew other health professionals were taught much different lung assessments involving listening to fewer places. This situation inspired her to ask the question why. She also acknowledged that it was entering academia with all her previous experience that also instilled confidence to be comfortable asking questions.

When I started teaching with the college there was fourteen placements when you're listening posteriorly to an adult patient's chest. I'm like seriously, fourteen places, who does that? I know some fantastic nurses and we don't listen [to fourteen places]. Why are we doing this? [Because] there's a text book that tells you that's what you need to do. I know a respiratory therapist, so I said, "Show me in your text book how a respiratory therapist listens to a chest." It is six places. So why are the expectations in nursing to

listen to fourteen places when a respiratory therapist, who's an expert in lungs, is listening in six places? What is this about? Because we're teaching theory from a textbook, [we should ask] who last updated that information? Now I know, people like me are updating that information. And if there's no evidence out there to suggest otherwise then you have to teach what's there for theory, right? So my mentors are those people who would also challenge it: if respiratory therapist research is written in their textbook why we couldn't we use that? We are to be multidisciplinary learners and using multidisciplinary approaches. Maybe these are things that we need to look at... Those are the things to question, that it's completely okay to question. When you're novice you sometimes feel that you shouldn't question things. And part of it was coming in with my experience that gave me the willingness or power or fortitude to ask the questions. But it was also my mentors who said yes, ask the questions. (K2-14)

Kate was assigned a formal mentor by her employer but found that this individual was not always available or necessarily the right fit in regards to personality or teaching styles. Kate was appreciative that her assigned mentor was new enough to remember what it felt like to be a novice faculty member but she also wondered what it would be like to be partnered with someone who had more experience. She acknowledges that she is aware that this is a challenge for the workplace as well as for novice faculty members seeking out colleagues who can support them. When sharing about her relationship with her assigned mentor Kate explains that:

... the college did assign me a formal mentor but she wasn't always available to me, she wasn't necessarily the person that was best suited for my personality or my millions of questions or those kinds of things... it's a challenge for the workplace and it's a challenge for you especially when you're moving into a new workplace and you don't know people. To figure out who are your allies and mentors. (K2-7)

...I think they really used Benner's theory in assigning me a mentor because it was somebody who had only been working a couple years and still remembered the theory, book work or the legalities of situations in order to show me that. But she taught in a different course than me, she wasn't always available to me, and I'm fairly independent too so I'm sure I had to piece to play in that puzzle. (K1-3)

Through our discussions it became clear that it was a combination of mentorship and education aided Kate's transition in the nursing faculty role.

I don't think any education will completely prepare you for any role. I think that mentorship is highly valued but it's underrepresented in its importance because it's not just education it's education and mentorship that play that role and they need to go side by side.... I think that the masters prepared me for understanding that mentorship was important but it doesn't tell you who are your mentors, who are the people to find as your mentors, who are those experts out there? That's something you have to seek and find yourself. So I think [my MN education] prepared me to understand I needed a mentor but it didn't tell me who they were going to be... (K2-7)

Building on Previous Experience

Kate strongly believes that the totality of her previous employment and academic experiences aided her transition into her new role. This would include past experiences as a novice in different roles: educator and management positions, completing her BSN following a diploma in nursing, and receiving her MN degree. She has been able to integrate and build upon these experiences into her current role as a nursing faculty member. Kate believes that it is a 'combination of everything' that aided her transition from an MN graduate to novice nursing faculty member.

...I think my life experience aided my transition [as well as] my work experience in nursing. As much as management wasn't a passion for me it was very enlightening on how to seek out information and find things. I would say that my masters prepared me in evidence based research. Knowing where to look and how to find things so that I could then apply that knowledge to whatever I was teaching. It was a combination of everything, my life experience, the masters specifically I would say the research component of it, and then there was definitely some of the teaching and learning theories that my masters helped me with. I'm a little bit of an anomaly because I started out with my diploma in nursing then I went back and got my degree. When I got my degree there was a program for diploma RN's to get their BSN...The teaching and learning course from my degree was a very positive experience for me. That stuck with me in helping to learn and teach students. So that and being a clinical nurse educator, I used that background to help me transition. It was a kind of a combination of everything. (K1-3)

Previous life experience in management and educator positions added the most value to her role as nursing faculty member which aided her transition the most.

The area that I enjoyed in management was the safety aspect of things. Climbing inside the tunnel and finding out [for example] that no nurse comes to work to make a mistake and recognizing all the things that impacted that. It was all those pieces of the puzzle and putting it together and recognizing that probably we're never going to have perfection. But we need to keep working on it. We need to keep finding out what are those human error points that we can potentially eliminate because some of them we can. We can completely eliminate them, and some of them we can't and recognising what they are. My management role, as much as it frustrated me was probably the one that prepared me the most [for my faculty role]. I definitely draw on my educator role as well in making education fun. There was pieces about that. That was my funnest roll. People were pleased to have you there. You were giving, you weren't taking or expecting. (K2-18)

Kate believes that experiences build on each other and helped her to be a better educator. Kate is currently working on writing two chapters of a text book. She explains that this experience is valuable to her role as a faculty member as she can use this learning in her teaching and lecturing. Kate shares a story of her experience writing these text book chapters and how it can positively influence nursing students:

...I'm working on two chapter of a Canadian pediatric textbook, communicable diseases and neurology. All the things I'm doing to work on this textbook [allow me to be] immersed in what I want to teach next year. It's like prep for a totally different reason but staying on that same road. It all focuses [and builds on each other] ...This can make a difference to students. (K1-19)

During her MN education Kate had an experience that stuck with her through her studies and into her transition to the nursing faculty role. Working closely with the health care system as her father passed away Kate had some negative experiences with the nursing profession. This experience motivated Kate to think about how she could inspire passion for the nursing profession and family centered care into her future students.

...in the first year of taking my masters my dad passed away from cancer. We had some awesome experiences with health care, but we had some really negative experiences as well. It was frustrating for me that some of those negative experiences were nursing. It really made me think, how can I change that? This is a role I'm so passionate about. I don't understand how anybody can go into nursing and treat people that way or do what

they do not recognizing the impact or the perceptions that's having on the people they're caring for, who may be having the worst days of their lives. And you're sitting at the desk eating popcorn and laughing while watching a movie. [I asked myself] what is my profession becoming and how can I have an impact on that? That really helped me in goal setting. I could become a sour nurse that thinks all nurses are horrible or I can educate. I can let people know that this might be perceived this way or this story might have an impact on them... My personal experience with my dad getting sick and me feeling a little bit deflated by my colleagues in my profession made me think about my own role and what impact that has. One of the core fundamental beliefs of pediatric nursing is family centered care, right? It should be of all nursing and I think we're getting that way. [That experience] motivated me to make a difference. (K2-11)

Having opportunities to teach in multiple years of a baccalaureate nursing program throughout her first three years as a nursing faculty member allowed Kate to get a bigger and broader picture of the program. This experience allowed her to have a better understanding of the nursing program and to be more comfortable accepting teaching positions out of her comfort zone. It was also her previous years of clinical experience as a ward nurse and leadership roles that inspired confidence in her employer that she was prepared for a teaching role with more responsibility.

I went from teaching in a medical-surgical clinical area for second year nursing students to filling in for third year nursing courses by the summer. I hadn't taught any first year courses when I first started out, I kind of jumped in to all the spots that were vacant. But the bonus of that first year was that I jumped all over the place, I taught in labs, clinical, and some third year courses as well. It was all over the place but it gave me a bigger picture of what I was teaching. The last two years I started teaching pediatrics which is my passion. I love pediatrics and I really wanted to teach there, so when they asked me to fill out... [what I wanted] to teach for the years upcoming, I said I wanted to teach in pediatrics. And they said, "The only way you're going to get into teaching pediatrics is if you become a course leader." And I was like, "but I've only taught for a year and you want me to be the course leader? I don't know if I have what it takes." And they're like, "Kate, you have how many years of experience, your stories alone will entertain the

students for years to come. You can do this.” And I was like, “I don’t know.” But they had a fair amount of belief in me while I myself did not. (K1-7)

Benefiting from Master of Nursing Education

Kate entered the MN program with the intention of entering an academic career. Threaded throughout her story is that she is a purposeful learner and values all opportunities for advancing her knowledge base. Initially she was uncertain if she would be able to find a job in academia and made some inquiries to understand her future employment options. It was made clear to her that there would be jobs available but she would need a master’s degree to secure such a position. When Kate realized she would need her master’s degree to secure a faculty position she made purposeful and intentional decisions when choosing the classes for her MN program. She wanted to ensure that the learning and experiences from her classes would support her in the role of nursing faculty member.

I went into my masters knowing that [a career in academia was] going to be my next step. I needed to have my masters in order to teach. I inquired before I enrolled in my masters. I knew one of the deans of nursing, and asked, “What do I need to do to teach, is there going to be options for me when I get out” She said it was just like in nursing, lots of people retiring, and she did foresee positions coming available and yes, I would need my masters in order to apply. (K1-1)

You need your masters to teach so...there must be something in there that I need in order to teach. (K2-19).... I think that’s one of the things as an adult learner and as experienced adult learner, I don’t learn things just to go through the motions. I want to use what I’ve learnt in my world... It’s not just to advance my knowledge, which there’s a piece of that, but it’s purposeful. It’s with intent. (K1-6)

Kate’s MN education helped aid her transition into her new role as a faculty member. She believes the greatest influence or significance of her MN education on her transition from completing her MN degree into the nursing faculty role was to confidently utilize research in her new role. She is able to locate information, assess its quality, and implement it into her teaching practice. She describes the courses in her MN program as helping her to locate information.

The courses helped me [be able to find] information.... Now as a faculty member you have to understand the theory behind it in order to implement the practice or protocol or

policy. And I need my students to understand that basic knowledge so it makes sense to them. (K2-15)

Her MN degree taught her learning theories that she implemented into her courses to help engage her students and enhance their learning experience. Before having an MN degree and educating RNs in a hospital setting she did not implement teaching or learning theories as they were not known to her. She was not aware of them or their importance. She now implements teaching and learning theories as a faculty member to help her students understand and retain new learning.

...The teaching and learning course that I took and my [MN] degree actually had a lot of theory that I would use as a faculty. It was my masters that forced me to look at those theories and put them into practice. [As a Clinical Nurse Educator] I wasn't using those theories or thinking about those theories because I was teaching emergency nursing not students... so then after I finished my masters it was like, okay I need to use these theories to help me, these theories have been researched, they work, and I need to use them in order to get that meaning across to my students. Repeating things ten times so that they understand it, but in ten different ways so that it sounds like new information every time. (K2-16)

After the completion on her MN degree Kate felt confident in understanding the importance of questioning the quality of research she uses and teaches. Kate admits that before her MN education she assumed that if information was written in a text book it was high quality literature. Following the completion on her MN degree Kate looks deeper into the article or text to see the publication year and review the sources and references to ensure the research is reputable and should be applied to nursing practice.

The strongest piece [from my MN education] is the research and knowing.... There was a lot of attention paid in the master's program to 'what's good research?'.... Often there's this thought, and definitely I think I felt this way as a degree nurse coming out, that if it was written in a textbook it was right. But my masters taught me that if was written in a text book, what year was it written? In reference to what? Go back and look at the source of where that came from. If something doesn't feel right don't go let go of that and really dig deeper to find out. (K2-17)

Learning that impacted Kate's transition into her new role was in the area of research and learning to understand what is good research and why.

...what I learnt [in the area of research] has probably aided me the most in teaching.... [Asking] what's good research, what's not good research? ... I took an Education Psychology Stats class, and I took it simply because I heard Dr. X was an incredible instructor.... The part that I learnt from Dr. X was more about taking that article, digesting it, and recognizing what was good about it and what was bad about it. What questions to ask about it [and] where to find that information.... Dr. X taught me where to focus. So when I read an article I can look at it and say, "That's a really poor question. Why would they ask that? There's so many different variables that are going to have an impact on that, is this good evidence or not? So my stats class, interestingly enough, helped me out in research by really narrowing down and focussing on what I was going to be using as my research and to really use it in my world. Not just for the sake of learning but to actually try it and do it. (K1-15)

Kate expresses that it is a combination of her MN education and previous experience in a management role that allow her to realize what nursing prioritizes are the most important for her students to understand in regards to patient assessments and care. This allows her to confidently support and grade her students as a clinical instructor. She also acknowledges that her MN degree has helped her to understand when she should question things or not question things and when she needs to utilize research to help solve questions or problems.

Also recognizing... if I tell my students that you have to listen to a patient's chest in fourteen places is that the point that I'm going to fail them on if they only listen in twelve? No. Whereas I feel like after my degree I was probably more like, fourteen places, that's what you have to do because this is what the text says. This is the standard. That's it. Whereas I feel like my masters prepared me to be more confident in understanding that [in combination with] my life experience. (K2-18)

During her MN education Kate had the opportunity to practice the skills she had learned throughout the program. She gives the example of working with APA style of writing. She has had so much practice with this style of writing that she feels confident grading her student's assignments.

...I practiced [APA] over and over and over again. Now I can look at student's APA and say, "That's not right, I'm sure that's not right." I might have to look back at the book to see exactly how it's supposed to be but I know that's not right. (K1-7)

Kate believes that life experience is valuable but the combination of MN education and life experience is even more valuable. The experience of completing her MN degree gave Kate the opportunity to look at things with a different perspective. It allowed her to see a bigger and broader picture of the nursing profession.

Absolutely, [life experience] is just as valuable. I do think you need your masters in order to teach and I can see a difference even, it's not that my degree did not prepare me to teach as a Clinical Nurse Educator. I taught with my degree but my masters better prepared me to be more well-rounded, to look at a bigger picture...whereas my degree, while it got me to places, it didn't give me that very broad picture. And then again my life experience just expanded on that. (K1-10)

Kate had a learning experience during a graduate school course that she brings into her role as a nursing faculty member. She now realizes and values the input of her novice nursing colleagues after an experience of sharing a paper she wrote in graduate school and receiving powerful and constructive feedback from her classmates through group work that improved her paper.

...I think there was eight of us in that particular group. We had to grade each other's work before we submitted it, you were really using every resource within. I think that would have been an important skill to have taught in the master's [program]. Some people just knew to do that, but as an experienced nurse there's always a bit of anxiety about-- like I said, my office mate and I took our masters together, I never thought to give her the research I was doing to have a look at it until that class because, who's she to grade my work? Whereas I would say that I've learnt that, who is she? She's someone with experience, she's a nurse, she has skills and abilities, and is really trusting in that piece of things. That was a good learning experience for me. (K1-11)

Kate believes that her MN degree confirms that she had to tools to be competent in her new role as a faculty member. She feels educated and personal pride when she thinks about the personal value of her MN degree. She shares a story that expresses the pride she feels when her

daughter is proud of her for valuing education and pursuing graduate education. When asked what her MN education means to her Kate answers:

Validation that it gave me the tools to do what I'm doing. I'm proud.... One of my nieces just recently convocated and she was trying so hard to convocate with distinction but...she didn't maintain that above 80 average so therefore she didn't get to graduate with distinction. So we [Kate, her daughter, and her daughter's boyfriend] were talking about what does that mean, is that important, and all the rest of it. My daughter then said, "I just remember, my mom got to walk across the stage twice now. The first time we [Kate's two daughters] were younger and yelled, way to go mom!" You know, when I was walking across the stage. The second time she wasn't there to watch me walk across the stage but she said, "I just was so proud to say that my mom really values education, and she's got her masters." Her boyfriend turned to her and said, "Your mom has her masters?" She said, "Yah she's got her masters." Her boyfriend was like, "Wow I didn't know she was that smart." I feel educated and it wasn't just jumping through the hoops because it was purposeful education. I learned something about it and it's made me have a broader look at the world. (K1-11)

Kate also felt validation when the learning objectives from her MN courses allowed her to complete a faculty requirement on teaching and learning at the academic institution where she is employed.

It was validation from the faculty requirement...that if this institution is saying that these are the skills I need have to be an instructor, I have them. That validation of it being recognizable through another means was good. (K1-11)

Kate's MN degree played a part in her transition but it was not the only part as it was clear to me that she was purposeful in the classes that she chose to take to help her in her new role. She is thankful that she was exposed to a cultural educational class that helped her to look at the world through a different world view. The experience of being the only nurse in a class full of teachers helped broaden her views as their perspective was new to her. The MN program exposed Kate to courses, information, and people she would never have otherwise been exposed too.

The understanding that came from my masters is that understanding of different points of view, where knowledge comes from, and what knowledge is; this is a piece of your

masters. But now you really are thinking about it. When I took my electives I didn't just take whatever somebody might have said was the easiest elective to take. I took education classes so that I would use that to teach because that was where my goal was. I didn't take basket weaving, not that basket weaving is not valuable information, but it wasn't valuable to my learning. Whereas those education classes at a master's level were.... Another area that I'm passionate about is our Indigenous population. It's becoming more representative in the world that we work with in nursing. So I took a cultural education class that would help me in looking at the world through a different world view and it was completely enlightening. I was the only nurse in that class, in a class full of teachers. I was a nurse so I had a different point of view that they really valued and I learnt so much from them. I guess my masters exposed me to, would I have ever taken that course otherwise? Probably not. (K1-12)

When asked if there were any parts of her MN education that hindered her transition Kate chose to share a story about pursuing a preceptor experience with a prominent nursing leader to complete a course component. The opportunity to work with this specific nursing leader excited Kate but was denied by the course leader as it did not meet the course requirements. She felt unsupported. She believes it would have been a valuable learning opportunity where she would have been able to bring that learning with her into her new role. Kate still wonders what she could have gained from that experience and what she could have brought back from it and shared with her students.

I did have an experience in my preceptorship portion of my master's class where you had to go out into the work field and work. I felt a little under supported in doing what I wanted to do. I actually wanted to leave the province. I had connected with an author of multiple books who was really involved in communication and management. She was a valued member of the registering body in the east coast and it was such an opportunity. I had taken a leap of faith and connected with her to see if I could do my preceptorship with her. It would have been a significant cost to me but it would have been such a valuable learning opportunity and I was just so excited that she agreed. But the college wouldn't support me doing that because [it did not fit the correct time frame of the course]I felt like their rules and policies over rode the whole intent, which was to learn from it. I think it would have been incredible for me my future. And by my future, I

don't just mean my future, but students that I taught. I would have talked with people about my experience, colleagues that I worked with. It would have been an incredible opportunity. The college actually had that person come and speak to them. She's an expert in her field and a well-known expert in her field and it felt to me like they missed the whole point. So that part I was a little grumpy about. Having said that, it saved me a ton of money to not go out to the east coast and do that. Then I was able to meet their timelines. It was valuable what I learnt in my practical experience, it was definitely valuable. I still use it to this day. But I just always have that little bit of 'I wonder what if.' (K1-13)

Kate's MN education helped her realize it is not all about the outcome. Her master's education along with previous experiences in management helped her to realize and be accepting that there is not always a right or wrong answer and there is more than one way to do something. She is able to look deeper than the outcome and realizes the importance of understanding the reasons behind it. Kate shares a story of lecturing nursing students and realizing that there is more than one way to teach students as they have many learning styles. She believes this is a similar experience for her when working in management and understanding the reasons behind why an RN makes a medication error in practice.

...why isn't that student understanding what I'm saying? Oh, they don't understand stories. They need to see a picture. They're not that type of a learner. It's really understanding that the fact that that student got 62% on the exam that I spent so much time telling them what the priorities were and she still didn't pick up on that is not necessarily the issue. The issue is understanding that in order to make that student understand I might need to teach in a different way. I might need to teach four different ways for the six students that are sitting in front of me to understand it. One might get the 'ah-huh' moment like that, and the other five need a different way. Just like a nurse who made the [medication] error. She didn't [intent to] make the error coming to work that day, what happened was the interruptions, the pharmacy dropping off the wrong medication, all of those pieces went into creating that error. So maybe I need to quit concentrating on that nurse making the error, and concentrate on how do we minimize where medications are dropped off. (K1-16)

When exploring the value of graduate education on her new role Kate shares that she took a course that helped her understand that our background and experience influence our perceptions and world views. This course was offered through the College of Education and significantly impacted her teaching with students in the clinical setting. She recognises the importance of understanding their backgrounds and experiences and how that influences their clinical practice. She believes she is better able to support her students through their clinical experience when she is aware of their perspectives and understands where they have come from. Kate shares a story of the impact of her master's education on her ability to support students in the clinical environment.

...I had taken courses that were in the Education master's program. I was the only nurse amongst a bunch of teachers and was exposed to other people's way of thinking. One particular course I took was very much based on perceptions of the land that we grew up on. So how we were raised and understanding how that affects our perceptions... [and] our ability to relay and perceive messages. That was an intersession class and was condensed every day for three weeks in the summer. We did a ton of group work. So you're constantly working with people and working with professionals that I didn't have insight into because I had never lived their role. My perspective might be very different or slightly different just based on my experiences as a nurse. That that class was very influential for me in really thinking about how teaching and learning, which is my role as an educator, really influences my students: having their perspective and understanding where they've come from. When we're in a lab or in clinical I always ask the question "who's had experience with kids? Did you babysit? Did you tutor kids in high school? What kind of experience have you had with children?" just to try and gain some insight. [This insight is important] when I have students who say, "None, I have no brothers or sister. I've grown up in another country from the rest of my family. I'm here in Canada, my family immigrated here." It really did help me to recognize that they have no pediatric experience. They're going to need a little more understanding to get them there. A little more work to understand that this is why I have to do what I have to do. So that class, which was a master's level class, but it wasn't a nursing class, it was an education class, was quite influential in how it prepared me for teaching. (K2-8)

Kate's Story: Conclusion

Kate is motivated by her passion for the nursing profession which inspires her to instill the value of lifelong learning into her students. She is a goal setter who is not afraid to put herself into the role of novice, a role she has been in many times over her thirty plus years in the nursing profession. She frequently draws on her previous years of experience in leadership roles, especially her role in management, to guide her transition when working through unknown situations. As an intentional learner her MN degree has exposed her to differing world views, the importance of understanding multiple perspectives, and looking deeper into outcomes. She is thankful for the experiences and new learning she encountered during her MN degree that allow her to now see a bigger and broader picture of the nursing profession.

Three Stories: A Comparative Analysis

This section of the chapter compares the stories of the participants with regard to the themes that emerged. These themes are supported by and build on this study's adapted theoretical model Benner et al.'s (2009) novice to expert nursing transition model as well as literature found in Chapter 1: Introduction and Chapter 2: Review of the Literature.

The study participants were chosen through purposeful sampling. The final group of three participants were informed about this thesis study from my contacts and reached out to connect with me. One other potential participant contacted me but did not fit the study criteria as they were previously employed in an area other than academia for an extended period of time following the completion of their MN degree. The three participants all expressed excitement about the opportunity to participate in the study and explore their stories around their transition experiences. Through no intervention of my own the participants ranged in experience from one to three years, completing their MN degree in the years 2014, 2015, or 2016 respectively. Angela completed a course based MN degree in 2016 and is in her first year of teaching as nursing faculty member. Sally completed a research focused MN degree with a thesis in 2015 and recently entered into her second year as a nursing faculty member following a one year maternity leave. Kate completed a course based MN degree in 2014 and is completing her third year as a nursing faculty member. All participants completed their MN degree in Saskatchewan, transitioned to the role of nursing faculty member directly after completing their MN degree, and are employed with a baccalaureate nursing institution in Saskatchewan. The participants engaged

openly and honestly throughout the interview process and freely shared their experiences and stories with me.

Being a Novice

This section of the chapter compares the stories of the participants with respect to their perspectives on and experiences of being in the novice nursing faculty role. The theme Being a Novice emerged as participant's shared their stories of transitioning from completing their MN degree to employment as novice nursing faculty members. This theme captures emotions, challenges, and learning experiences of the participants. Through this analysis it again became apparent that it was too restrictive to separate the stories and experiences into Benner et al.'s (2009) individual stages of novice, advanced beginner, and competent. This is supported by the work of Benner et al. as a mixture of skill performance can be expected in the same person due to prior learning and the particular situation. Instead it was discovered that participants displayed characteristics consisted with all three of Benner et al.'s initial stages depending on context, previous teaching experience, ward nursing experience, and employment in education and leadership roles, and which option of MN degree the participant chose to complete, thesis or course based. The theme Being a Novice includes the exploration of stories from up to three years after completing an MN degree and transitioning into the role of nursing faculty member. This is applicable as this study considers a novice nursing faculty member to be employed in that position for three years or less.

The experiences of the participants as they transitioned into their new roles as novices compliments the first three phases of Benner et al.'s (2009) novice to expert nursing transition model while expanding on the experience in terms of novice nursing faculty members. While the participants entered their new role of nursing faculty member with an MN degree they encountered situations where they lacked experience to competently manage their expected responsibilities. This was also found to be true by Benner et al. when discussing the experience of novice practitioners. All three participants' also encountered situations for the first time, experienced anxiety, and questioned their personal competence in their new role all of which is consistent with the work of Benner et al. This also included requiring support from expert colleagues, working towards a goal of independent practice, continually questioning their ability to be competent in their new role, and learning to prioritize numerous and competing demands with a limited amount of time and energy. Within this theme comparisons between the

participants occur in relation to the subthemes that emerged in the stories when exploring the experience of Being a Novice. These subthemes will now be explored.

Feeling Overwhelmed, Anxious, and Stressed

All three participants expressed feeling overwhelmed, anxious, and stressed as they transitioned into their new role as novice nursing faculty members. The new role of a nursing faculty member was recognized in the literature as exhausting, overwhelming, anxiety provoking, and stressful (Anderson, 2009; Anibas et al., 2009; Dempsey, 2007; McDonald, 2010; McDermid et al., 2012). Initial periods of stress, anxiety, and feelings of being overwhelmed were also experienced by occupational therapists (Murray et al., 2014), physiotherapists (Hurst, 2010), and social workers (Larimer, 2015) when transitioning into academia. Hurst (2010) found that physiotherapists transitioning to academia found it challenging, with feelings of anxiety, uncertainty, and inadequacy. It took participants on average one to three years to feel comfortable in their new academic roles and professional identities (Hurst, 2010).

A steep learning curve. All three participant's expressed that it was a steep learning curve which Sally described as often feeling self-guided. Schoening (2013) found that novice nurse educators felt they were left to "sink or swim" in both the clinical and classroom setting. The transition can be particularly stressful and challenging because of the large amount of new work and responsibilities (Anderson, 2009; Cooley & De Gagne, 2016; Dempsey, 2007; McDermid et al., 2012). Angela and Sally described feeling overwhelmed with the amount of time and work it required to complete the preparation for the courses they were teaching. This was also found to be true by Gardner (2014) and McDonald (2010) as new educators were unaware of how challenging and time consuming it would be to prepare for classes and clinical teaching. Angela and Sally felt that their first teaching assignments were extremely heavy workloads, a finding that is consistent with the work of Felder (2007). Felder found that challenges faced by recently graduated MPNs working in academia included managing a heavy workload.

Is this role the right fit? Unlike Angela and Sally the majority of Kate's anxiety and stress arose from not knowing who to ask for support and from sharing an office with another novice faculty member. As a novice Kate needed to ask questions to obtain needed information (Anderson, 2009). Being immersed in a new environment in a role in which she had very little

experience caused Kate to feel stress. This feeling of stress was exacerbated as she shared an office with another novice nursing faculty member and they fed off of each other's anxiety. The stress and anxiety caused from sharing an office space with this colleague made Kate question whether this new role was truly a good fit for her. Anderson (2009) found that novice nurse educators questioned whether the move to becoming an educator and their new role was the best fit for them. Brown (2015) found this to be consistent with Benner et al.'s (2009) novice phase of transition. This is consistent with the work of Murray et al. (2014) who explored occupational therapy clinician's perspectives of what happens when they transition into academia. Participants questioned whether this new role in academia was the correct fit for them and if they wanted to stay (Murray et al., 2014).

Continuing to Over Prepare

Angela, Sally, and Kate all reported over preparing for their classroom or clinical responsibilities. This is consistent with the work of Drumm (2013) who described her own experience of being a nurse educator in the advanced beginner stage as still extensively planning lectures in detail with acute detail to content as a priority. This was also found to be true by Schoening (2009, 2013) in which new educators 'over-prepared' when presenting new information and for student encounters. Extensive planning and over-preparing stemmed from fear of failure and self-doubt in their ability to teach (Schoening, 2009, 2013). Angela's motivation to be prepared stemmed from not wanting to be perceived as incompetent by her students. She admits that she was really hard on herself and often thought that she was performing poorly, although this was never indicted to her in anyway. Schoening (2013) found that novice nurse educators over prepared for responsibilities due to fear of failure. All three participants expressed that they over prepared to be thorough and provide the students with a positive learning experience. Sally explained that she wanted her lectures to be perfect. Nursing is a profession that can strongly be affected by perfectionism (Melrose, 2011). Nurses are also in environments that reinforce the need to be perfect (Chang, 2017). Nurses who are perfectionist may experience chronic pressure due to environmental pressure as well as personal expectations (Chang, 2017). Kate spends hours preparing for her teaching responsibilities as it is important for her to understand all the details. Extensive planning and over preparing stemmed from her desire to be as competent and knowledgeable as possible to enhance the learning experience of her students. This was also found to be true by Anderson (2009) as novice educators wanted to

make the experience as excellent as possible for their students and to perform their role at the best possible level.

Creating Realistic Expectations

All three participants were able to regain comfort and confidence in themselves through establishing realistic expectations of themselves in their new role. Both Angela and Sally realized they put unrealistic expectations on themselves in regards to their abilities to excel in their new role. New faculty members frequently have expectations that are inconsistent with the realities of the faculty role (Schoening, 2013) and face the challenge of resolving unrealistic expectations in their new role (Anderson, 2009). Sally was not aware of or prepared for the hours of preparation that were required for her workload. She realized following her first year of teaching that she needed to establish boundaries as she would spend hours over preparing for her lectures. Sally realized this was an unrealistic expectation that she put on herself as a novice faculty member that was not sustainable or even attainable. That experience taught Sally to set boundaries with herself and allowed her to realize that she had completely unrealistic expectations for herself. Experiential learning allows the practitioner to recognize and understand the importance of setting boundaries (Benner et al., 2009). Kate found that her own expectations of herself in this new role were different than the expectation others had of themselves in the same role. She was unsure of what her expectations of herself should be and searched out mentors who could help her be the educator she inspired to be. This is similar to the findings of Felder (2007) as participants expressed idealized versions of their view of specific nursing professionals in academia that they wanted to emulate. They saw these professionals as role models and were inspired by and learned best practices from them (Felder, 2007). This helped Kate set realistic expectations for her teaching practice.

Preparation for the Nursing Faculty Role

Sally and Angela expressed differing views in relation to their experience with being prepared for the nursing faculty role following completion of their MN degree: Sally felt unprepared while Angela felt prepared.

Feeling unprepared. Sally was the only participant to express her concern over the lack of guidelines and guidance when preparing lecture content. It may also be important to note that Sally is the only participant who completed a research focused MN degree with a thesis and did therefore not complete any adult education courses that could have assisted her in this area. The

majority of Schoening's (2013) twenty participants, novice nurse educators, believed that the absences of formal pedagogical training hindered their transition into academia. This was also found to be true by Cangelosi's (2014) study. Novice nurse educators may have had minimal formal preparation and training for the role of educator (Anibas et al., 2009). Novice nurse educators begin their academic careers with much less pedagogical teaching than their colleagues did a generation ago. This is largely due to graduate schools emphasising research production over nursing administration or education (Schoening, 2013). This can result in novice educators lacking confidence in their teaching abilities and performance due to their inexperience (Cooley & De Gagne, 2016). This was also found to be true by Hoyt (2014) who explored the journey of becoming a teacher educator that begins with enrolment into graduate school. Interestingly, Hoyt found that graduate students, although former classroom teachers, lacked preparation for the professional role of teacher educators. This was also previously found to be true by Dinkelman et al. (2006a) and Zeichner (2005).

The lack of structure created stress because it was important to Sally that she was adequately preparing her students to successfully pass their licencing exam. Cangelosi (2014) found that novice nursing faculty expressed disappointment or frustration regarding the lack of structure and guidance they received as they began their new role. A major challenge found throughout the literature included a lack of preparation in educational knowledge and teaching skills (Anibas et al., 2009; Anderson, 2009; Cooley & De Gagne, 2016; Dempsey, 2007; Gardner, 2014; McDermid et al., 2012; McDonald, 2010; Schoening, 2013) with many novice nurse educators starting their first academic employment with no formal preparation and learn to teach during their first years (Schoening, 2013).

Feeling prepared. Angela expressed that her education course gave her the foundation to create her first theory course. This included first creating the course syllabus and then what to include in that. It is again important to note also that Angela completed a course based MN degree that focused on preparing her for a role in academia. In her research findings Cangelosi (2014) found that, although eight novice nursing faculty participants had formal education in teaching and learning practices they still required guidance on how to actually apply this knowledge. Interestingly though, these same participants showed more resilience when working through the lack of structure they experienced in the academic environment compared to those with no educational training. This highlights the benefit of receiving teaching preparation in

graduate education. This was also found to be true by Benner et al. (2010) who wrote that increased emphasis on formal teaching preparation in graduate programs would assist in creating a secure future nursing faculty workforce.

Lack of Orientation

None of the participants received an orientation into their new role which added to their levels of stress in their first year. A major challenge found when transitioning into the nursing faculty role throughout the literature was the lack of orientation to their new role and the academic sector (Anderson, 2009; Anibas et al., 2009; Cooley & De Gagne, 2016; Danna et al., 2010; Dempsey, 2007; Gardner, 2014; McDonald, 2010; Schoening, 2013). Giallonardo (2011) also found this to be true as challenges faced by MPGs include limited or inconsistent orientation time, or no orientation at all (Anderson, 2009; Gardner, 2014). Schoening (2013) found that new nurse educators felt they had not been adequately orientated to their new role as educators.

Identifying unmet needs. Lack of an orientation to their new role resulted in the needs of these participant's being not only unmet but unidentified which was a similar concern expressed in a commentary by Giallonardo (2011), a recent MPG herself. Angela and Sally believe that an orientation would have been helpful in regards to learning administrative responsibilities while Kate believes it could have informed her of who she could go to for support. Kate's academic institution did not offer an orientation and initially she did not know to whom she could go to for support and mentorship. She found herself searching for mentors to help answer her questions and offer her guidance. Angela also believes that it would have been helpful to have an orientation manual, something telling her what to do in certain situations or if other situations arose. She frequently found herself working through technical issues and often when IT services were unavailable. A lack of or limited orientation and mentoring to this new role can create feelings of being overwhelmed when attempting to learn and apply new skills and knowledge with a lack of previous experience (Schoening, 2013) which directly relates to the role of novice nursing faculty.

Learning administrative responsibilities. Sally believes that an orientation explaining administrative responsibilities would have prevented stress and opened more time to work on other responsibilities for teaching preparation. She felt that she was just supposed to know how to work through administrative responsibilities which was extremely time consuming and

stressful. An orientation would have allowed her to spend this perceived wasted time preparing theory for her classes.

Angela and Kate both experienced an unexpected learning curve when learning administrative responsibilities was working with the computerized course delivery system Blackboard. This is not uncommon as novice teachers often face challenges such as use of new technology (Anderson, 2009; Kumi-Yeboah & James, 2012). Angela had used Blackboard as a student and then in the role of lab instructor and clinical instructor and became somewhat familiar with it. It was when having to use this system as course instructor that she realized how unfamiliar she was with all the functions of it that she was required to use. Sally expressed that she literally spent hours upon hours of time attempting to figure out and understand how to utilize faculty components of this system.

Creating and Evaluating Exams

An unexpected challenge that was encountered by all three participant's was the expectation of confidently and competently creating NCLEX style questions for exams when they had been given no formal education or training regarding this new style of examination. A descriptive qualitative study by Anibas et al. (2009) found that conducting evaluation was one of the main challenges of novice nursing faculty members. This was also found to be true by Dempsey (2007) as new nursing faculty felt they were deficient and unprepared for the practical side of teaching, such as marking exams (Dempsey, 2007). Angela and Kate, who completed a course based MN focused on preparing them for an academic role expressed that there was no education on creating exam style questions during their MN education. The transition to academia for novice nursing educators can be particularly stressful and challenging because of the large amount of new work and responsibilities (Anderson, 2009; Cooley & De Gagne, 2016; Dempsey, 2007; McDermid et al., 2012).

All three participants expressed that it was difficult to prepare students to write a licensing exam they themselves had not written. Kate spent hour upon hour preparing her NCLEX style exams as she felt completely out of her comfort zone. Both Kate and Angela shared that they utilized every resource they could find and searched out faculty members that could help answer their questions and support them in a way so that you could be successful. Anderson (2009) found novice academic educators ask questions to obtain needed information. Schoening (2013) also found that novice educators search for information required to improve

their work such as fact finding. Angela would have her more senior colleagues look over her questions for constructive feedback. Kate often learned through experience what is or is not a “good” question with Sally explaining that it all felt like a giant mystery to her.

Appropriately Challenging Students

Both Angela and Sally expressed concerns about ensuring they were appropriately challenging their students. They both experienced self-doubt as they were unsure if they had successfully included all relevant content into their courses so students would be successful when writing their licensing exam. As a first time lecturer Sally found herself frequently doubting whether she was giving the students all the information they needed to be successful in the course. This feeling is supported by the work Anibas et al. (2009) who found that novice faculty experience worry and uncertainty about the quality and competence of their performance. Angela and Kate utilized many resources including books and attending seminars to improve their exam creation and evaluation capabilities. Angela and Kate also searched out support and mentorship to assist their exam creation and evaluation of their exam questions to ensure they were appropriately testing their students. These actions are supported by the work of Schoening (2013) as novice educators search for information required to improve their work such as fact finding, searching for mentors, engaging in faculty development activities. Schoening (2013) also found that actively engaging in becoming a competent educator helped them transition to their new role.

Working through Student Issues

Angela felt extremely unprepared to deal with student concerns which was often the result of issues arising after office hours. She found this experience to be stressful. This is supported by the work of Schoening (2013) who found that experiencing negative student interactions can be a stressful and unsettling experience for novice educators. This was also mentioned by Sally as her student issues would often have to be dealt with in a timely manner due to the timing of clinical courses. Both Angela and Sally encountered having to establish new relationship dynamics and boundaries with students, something that can be challenging for novice nursing faculty (Schoening, 2013) and is consistent with Benner et al.’s (2009) novice stage as they were encountering situations for the first time.

Doubting Decision Making Abilities

Angela and Sally found they doubted their decision-making abilities during their first year as novice nursing faculty members. This supports the work of Benner et al. (2009) as novices are unable to use discretionary judgement when encountering new and unfamiliar situations. This was also found throughout the literature as initially, novice educators are uncertain and lack confidence in their decision-making skills and feel a sense of failure when they make mistakes (Anibas et al., 2009; Dempsey, 2007; Felder, 2007; Schoening, 2013).

As a first time course lecturer Sally found herself frequently doubting whether she was giving the students all the information they needed to be successful in the course. She felt a lot of responsibility to ensure she was giving all the information possible to the students. While she had previous lecturing experience as a TA this was her first time being fully responsible for a course. Anibas et al. (2009) and McDermid et al. (2012) found that the transition of novice nursing educators to academia also caused feeling of uncertainty associated with changes in responsibilities. This was also found to be true by Anderson (2009) as novice nursing educators had feelings of self-doubt regarding their abilities as educators

Angela frequently doubted her decision-making in new her role regarding student issues and concerns and she experienced a fear of doing or saying the wrong thing. Not wanting to say the wrong thing and lack of experience when dealing with student issues lead to Angela double guessing and doubting herself. This resulted in chronic feelings of stress throughout her first semester. She did not want to contradict policy and often referred to policy and procedure manuals to guide her decision-making. This complements the work of Benner et al. (2009) as immersion in a new environment and lack of experience in the position in which they are to perform, novices use rules and policies to guide their actions (Ramsburg & Childress, 2012). Through her repeated experiences of working through student issues and concerns Angela was able to gain confidence in her decision-making. Angela often felt that she was learning the role of a faculty member by trial and error. This again complements the work of Benner et al. (2009) as participants are transitioning to more expert practice they are able to recognize recurrent situations through experience and successfully work through them.

Needing Adequate Time to Prepare

Angela and Sally both identified the importance of needing adequate time to prepare for their courses. While this ran across both their stories how they came to this understanding was experienced differently. Angela was fortunate that she had an entire semester to create her theory course and all its components. Having this time allowed her to confidently create course objectives, a syllabus, create lectures and activities, and prepare her exams. She was passionate about putting her own spin on the course and being knowledgeable on the subject matter. For her having the time to organize herself were the keys to her success in teaching her first theory course. Having adequate time to prepare was especially important when organizing her theory course as it took much longer than expected. Organizing herself in the beginning was a challenge and she needed guidance with this from other faculty members.

Sally's transition to the faculty role from an MN student was made more difficult by the fact that she had minimal time to prepare for her heavy workload that included teaching two theory courses among others. This caused her to frequently doubt herself and her ability to competently teach which she believes hindered her transition. A lack of time to complete varied tasks regarding teaching responsibilities was a consistent barrier to teaching competence (Cooley & De Gagne, 2016). Before her first semester of teaching she had less than three weeks to prepare. She began the semester feeling unprepared and throughout the semester spent each week preparing for the next. Lack of time to prepare her course work before the start of each semester hindered Sally's transition into the nursing faculty role. Anibas et al. (2009), Cooley and De Gagne (2016) and Dempsey (2007) all found that having lack of time hindered the transition to the nursing faculty member role. She did not feel she had time to reflect on and make necessary changes to improve her courses before she was expected to deliver them again. The courses she was teaching each term was unpredictable and classes were added last minute which added to her stress and feelings of being overwhelmed and unprepared. She felt as though she could never get ahead of her workload.

Research Skills and Pursuing a PhD

Sally was the only participant who openly discussed interest in pursuing a PhD. She was also the only participant who completed a research focused thesis that required the completion and successful defense of a thesis. Angela and Sally expressed no interest in PhD education. This

is consistent with the finding of Watkins (2011b) as the majority of MPNs view the master's degree as their final academic achievement. Sally's MN degree educated her on how to conduct research and interpret data and she believes she is losing those skills in her new role. Being so far removed from the world of research makes returning to graduate school to pursue a PhD feel much more intimidating. Sally chose to complete a thesis to keep her options open to complete a PhD and wishes that research was more a part of her current role. This would be helpful so the transition into PhD studies would not seem so daunting. She also believes this would also make nursing research more visible to students and not seem so abstract or removed from what they are doing as students. Sally believes her new role would benefit with a research component as well as benefit the students she teaches.

Finding Work-Life Balance

As a novice nursing faculty member Sally vividly remembers feeling overwhelmed in her first year. She constantly struggled to find a comfortable work-life balance and acknowledges that this affected personal relationships outside of work. This is consistent with the work of Felder's (2007) who discovered the theme of *Women's issues* in which participant's expressed the challenges of women's issues such as the responsibilities of being a wife and mother with the increasing workload for nursing faculty members. Going forward into her second year of teaching she has more insight into what an appropriate workload looks like for her looks like. This is also consistent with Anderson's (2009) phase "Beginning Strokes" (1-2 years of experience) where participants were now thinking into the future and were using insight gained from experience. Participants were finding balance between teaching, clinical practice, and their personal lives (Anderson, 2009). Lastly, participants started to feel comfortable in their new role and were able to enjoy the experience of their new work (Anderson, 2009). From the experience of her first year she now has the foresight to know what would be too much for her. While attempting to create a comfortable work-life balance through this transition was frequently expressed through Sally's story, it was less evident in the stories of Angela and Kate. This could be due to numerous factors such as Sally having less time to prepare for her courses before the start of the semester and having to do week-by-week preparation throughout the semester. It could also be influenced by Sally's lack of educational preparation due to her research focused MN degree.

Reflection is Essential

This section compares the stories of the participants in relation to their use of reflection during their transition. Reflection was found to be essential and aided the transition of all the participants. Through the use of reflection the participants were able to learn from their experiences. This supports the work of Benner et al. (2009) who explain that experiential learning occurs when opportunities to reflect on and discuss the experiential learning are available. Benner et al. (2009) also believe that experiential learning is essential for transitioning from the novice stage of learning to more expert practice which the participants demonstrated can be done through the use of reflection in their practice. The following section explores the subthemes that arose from this theme.

Reflecting on the First Year

Angela and Sally both expressed the importance of reflecting on their first year of teaching. Angela was initially inspired to reflect on her transition when she realized that she was constantly learning by trial and error. Reflecting on her first year brought up the experience she had working with a colleague who was assigned to help her mark assignments that caused problem with students as there were frequently inconsistencies in their assigned grades. In the future Angela is uncertain whether she would utilize a marker again to assist her in marking assignments as this potentially created even more work for her. Through reflection Angela was also able to understand what she has learned, where she needs to continue to improve and grow as an academic, and what she would change in her future courses. Reflection allowed Sally to realize the importance of needing time and space to reflect between courses. During her first year she did not have the time to reflect which prevented her from improving, changing, or developing her courses before she had to teach them again. This was also found to be true by Benner et al. (2010) as nurse educators often lack the time or opportunity to reflect on their teaching or the quality of student learning.

Needing Time to Reflect

Both Angela and Sally felt the importance of needing time to reflect after the completion of each course they taught. Following the completion of her theory course Angela was able to reflect on what she would do differently next time. She realized there is always room for improvement, there is support if she needs it, and that if she would teach the same course again

she would do some things differently to create a better learning environment for her students. Sally realized the importance of reflection by not having the appropriate time for it. Without having the time to reflect between semesters during her first year of teaching Sally felt that she was not able to improve her content or content delivery when she learned last minute she would be teaching the same course again in the following semester.

Realizing Unrealistic Expectations

Through reflection both Angela and Sally were able to understand that during their first year of teaching they put very high and often unrealistic expectations on themselves: Angela in regards to being prepared for challenging situations and Sally with managing a heavy workload. Angela expected herself to always be prepared but realized that she needed to learn to expect the unexpected. Through reflection Angela realized that although she has an MN degree and had prepared as much as she possibly could for her courses that everything is not going to go exactly as planned. Sally accepted a heavy workload her first year as a faculty member which she struggled to confidently manage. While on maternity leave following her first year of teaching Sally was able to reflect on and recognize what an appropriate workload would look like for her and her new family, and the importance of advocating for an appropriate workload in the future. Without reflection and realizing that her future workload requirements would need to change Sally believes her personal relationships would have been negatively affected.

Gaining Insight through Forced Reflection

Sally and Kate both had experiences that required them to reflect on their MN education. Sally meticulously updated her resume when applying for a new position during her second year as a faculty member. This included reflecting on her MN education, and teaching and research experiences during graduate school. This process increased her confidence as she was able to reflect on these past experiences and how much she has experienced, learned, and grown since beginning her journey as an MN student. Kate reflected on her MN education when completing a faculty educational program on teaching and learning that is a requirement of the baccalaureate nursing institution where she works. Both Sally and Kate believe this experience was positive as it increased their confidence in their abilities to competently fill the role of nursing faculty member. It helped them connect the pieces of what they learned and experienced during their MN education. Kate believes that if she was not forced to reflect on her MN education she is unsure if she would have ever done so. Kate was forced to reflect on what she had learned which

created a deeper level of understanding of her education that she would not have without the reflection. For her reflection created a deeper understanding that knowledge is better integrated and understood following reflection. These experiences allowed both Sally and Kate to realize that they were more prepared for their new roles than they initially believed they were and that they did have the skills and knowledge for this new role.

Growing from Mentorship and Support

All of the participants shared stories of mentorship and support guiding their transition and helping them to gain confidence and grow into their new role. This is not surprising as beginners demonstrate reliance on the expertise of others when entering a new field (Benner et al., 2009). Cangelosi (2014) found that novice nurse educators had received formal education on teaching preparation and learning practices still had a need for mentoring. Benner et al. (2009) write that beginners require support and guidance and mentors can help guide their actions (Benner et al., 2009). When advanced beginners are unable to make decisions on their own and require support they seek out experts for their advice (Benner et al., 2009). With adequate support in the initial novice phase of Benner's transition model the novice faculty member should successfully transition to the advanced beginner phase and towards more expert practice (Benner et al., 2009). Brown (2015) who adapted Benner's (1982) work to the transition of novice nursing educators found that if appropriate support is provide in the first year of practice, the novice can quickly transition to more advanced levels of practice. The facilitators to developing competence as a novice nurse educator include: advice, guidance, and people support from faculty, colleagues, or administrators (Cooley & De Gagne, 2016). People support is a facilitator to developing competence as a novice nurse educator (Cooley & De Gagne, 2016). A need for guidance and consistent mentoring was easily recognized throughout all the participant interviews. The follow section explores the subthemes that emerged as participants described their experiences growing from mentorship and support in their new role of novice nursing faculty member.

Mentorship and Support aided the Transition

Angela, Sally, and Kate all articulated the importance of faculty mentorship and support in aiding their transition and helping them grow into the role of nursing faculty member. A literature review by Cooley and De Gagne (2016) found that the number one factor to ease the transition into academia for novice nurse educators was the support of a faculty mentor, they

were considered instrumental and irreplaceable in the transition of new faculty members (Cooley & De Gagne, 2016). There is a recognized need for mentorship from senior faculty members for MN prepared novice nursing faculty members as they transition into their new role (Anibas et al., 2009; Cangelosi, 2014; Dempsey, 2007; Gardner, 2014; McDonald, 2010; Schoening, 2013). Mentors are valuable to novice nurse educators (Brown, 2015) and are essential for a successful role transition to nursing faculty member (Anibas et al., 2009; Cooley & De Gagne, 2016; Danna et al., 2010; McDonald, 2010). Anibas et al., (2009), Cangelosi (2014), Dempsey (2007), Gardner (2014), McDonald (2010), and Schoening (2013) all recognized the need for mentorship from senior faculty members as MN prepared novice nursing faculty members transitioned into their new role.

Throughout her transition Angela always felt supported by colleagues and other nursing faculty members which allowed her to feel more comfortable in her new role. Colleagues were always willing to answer her questions or offer advice and if they could not they would refer her to someone who could. When participants felt that colleagues provided support and made themselves available to offer help, it made a significant difference in their transition, decreased anxiety, and was found to be essential (Dempsey, 2007). For Sally, nothing influenced or impacted her transition more positively than the informal mentorship and support she received from colleagues that resulted in the forming of meaningful relationships. Her previous thesis supervisors and committee members even aided her transition by connecting her with other faculty for support and made themselves available to offer assistance as needed. Although Kate was assigned a mentor she found she needed more than one mentor and searched for experts in areas that needed mentorship. These experts allowed her to realize appropriate expectations of herself in her new role.

Previously known mentors increased comfort. Angela and Sally both expressed the significance of having mentorship available from faculty members who were previously known to them. For Sally one of these relationships began during her undergraduate degree and continued developing through graduate school and into her new role as a novice nursing faculty member. Working for the same academic institution that she completed her BSN and MN allowed Sally to build a support network of informal mentors that has aided her transition in to the role of nursing faculty member. Angela's assigned mentor was previously known to her so she felt very comfortable asking her questions and reaching out to her. Angela admits that

without the support of her assigned mentor her transition would have been much more difficult and challenging and she would have felt lost.

Informal mentorship. When asked about what aided her transition to the faculty role Sally quickly has the answer: it was the informal mentorship that she received from colleagues that resulted in the forming of meaningful relationships. Sally feels a deep sense of gratitude to the mentor who has been in her life and supported her since working on her undergraduate nursing degree. When she thinks about the stories she shared throughout the interview process she realizes how fortunate she was to find this connection and build their relationship. Sally found that support from colleagues who had taught or lead the courses she was teaching was invaluable especially when working through challenging student situations. While all mentorship is valuable Sally stresses that it was mentorship and support from colleagues who had previously taught the same courses that also really supported her transition. These informal mentors would help her see situations from different perspectives but would ultimately leave the final decision up to her. She remembers an instance where one of her colleagues made herself available to help her work through a timely student issue. Her support network truly aided her transition into this new role.

When Angela first started in the nursing faculty role she struggled to organize herself in her new role. The advanced beginner, who is just entering a new field, is able to demonstrate an acceptable performance to some degree (Benner et al., 2009) but may have difficulty prioritizing information related to their practice (Horvitz & Beach, 2011). She admits that as a novice she required above average guidance through mentorship and support to provide her the reassurance she needed to feel confident in her new role as everything was new to her. This guidance often ensured that the feedback she gave to students was appropriate.

Formal mentorship. Although both Angela and Kate were formally assigned mentors their experiences with these relationships were very different. Angela was assigned a mentor with many years of teaching experience and the relationship resulted in a positive experience for her. Formal mentoring programs are essential to a successful transition as they foster a professionally supportive environment and ease the transition and into the new role (Anibas et al., 2009). Without the mentor's positive and constructive feedback she would have been much harder on herself. She attributes much of her success transitioning into this new role to her mentor. Kate was assigned a formal mentor by her employer but found that they were not always

available or necessarily the right fit in regards to personality or teaching styles. This is supported by the work of Cangelosi (2014) as even when a mentor was assigned to novice nurse educators they were often unavailable. Hurst (2010) also found that physiotherapist transitioning into academia believed that formal mentoring had been helpful but not as helpful as peer support. Kate was appreciative that her assigned mentor was new enough to remember what it felt like to still be a novice faculty member but she also wondered what it would be like to be partnered with someone who had more experience. Support is best provided by colleagues who are at the competent level themselves, working for 2-3 years in their role (Benner, 1982).

Getting feedback on decisions. Angela and Sally both found it was extremely helpful to share ideas or concerns with senior colleagues, informal mentors, who had experience with similar situations even when they already knew the answer; being able to discuss the issue and get feedback on their decisions increased confidence in their decision making abilities. Angela expresses that the majority of the time she knew the answer and just wanted that confirmation. Sally indicated that she did not need someone to make decisions for her but found it helpful to have someone to discuss situations with. These colleagues would help her see situations from different perspectives but would ultimately leave the final decision up to her. Felder (2007) found that participants expressed the desire for feedback from faculty and peers. Participants expressed learning to receive and appreciate constructive feedback so it could be implemented to help make changes, expand thinking, and improve themselves as academics and educators. Anderson (2009) found that novice nursing faculty searched for feedback and that supportive feedback from colleagues aided their transition.

Confidence building. While all three participants had experiences with mentorship and support that allowed their confidence to grow it was expressed very differently throughout their stories. When novice faculty were supported their confidence increased and they felt a sense of belonging to a new group of colleagues (Anibas et al., 2009). For Angela, her mentor's presence during and constructive feedback following her lectures provided the reassurance to help build her confidence in delivering nursing theory. Feelings of uncertainty were eased as she was ensured she was doing her job correctly. This is supported by the work of Anibas et al. (2009) who found that increased peer feedback, a colleague formally or informally mentoring and providing constructive feedback, helped alleviate the anxiety felt by novice nurse educators. Having support from colleagues helped build Sally's confidence in regards to her decision

making when working through challenging student situations. Sally was working through a challenging student issue and found that discussing it with a senior colleague who had previously lead the same course helped to decrease her anxiety around the issue and increase her confidence in her ability to make informed decisions. Sally believes she was able to confidently work through this student because of the faculty support she received rather than her MN education.

Kate found the expectations of her new role to be ambiguous and found that it was her mentors that taught her what she should be expecting of herself. She had a strong desire to be prepared and knowledgeable which lead her to seek out mentors who were experts in their field. Mentorship and support from these experts guided her into her new role as she could role model herself after them. Gardner's (2014) found that if formal mentoring was unavailable, participants found that informal mentorship or supportive colleagues, who shared similar philosophies of education and were open to communication without judgement, were crucial (Gardner, 2014). Schoening's (2013) grounded theory also found that when a formal mentor had not been assigned, participants found someone among their peers as a "go to" person. This person demonstrated and elicited the workplace, formal pedagogical, and curricular knowledge they desired, and could provide emotional support during the transition (Schoening, 2013). When advanced beginners are unable to make decisions on their own and require support they seek out experts for their advice (Benner et al., 2009). When she was able to understand what to expect of herself her confidence in her new role was increased. Kate's experience is similar to the findings of Felder's (2007) theme, "*The script of the ideal faculty life.*" Felder's participants expressed idealized versions of their view of specific nursing professionals in academia that they wanted to emulate. They saw these professionals as role models and were inspired by and learned best practices from them (Felder, 2007).

Building on Previous Experience

Benner et al.'s (2009) novice to expert nursing transition model takes into account increases in skilled performance based on experience and education. The foundation of this model is based on the belief that individuals learn from experience and practice (Benner et al., 2009; Pena, 2010). As all three participants explored their transition from an MN graduate to a novice nursing faculty member weaved throughout their stories was learning through experience and how they were able to build on those experiences to improve in their new role. Angela, Sally, and Kate integrated previous learning experiences as they transitioned into their new roles

and found that it aided their transition to more expert practice. This is supported by the work of Benner et al. (2009) as beginners demonstrate a reliance on previously learned theory and experiences when put into new situations. Previous learning was incorporated by the participants into teaching their courses as well as challenging interactions with students. This is also supported by the work of Benner et al. (2009) as experiential learning is essential for transitioning from the novice stage of learning to more expert practice. The follow subthemes explore how the participants were able to build on and incorporate learning from previous experiences into their new role as novice nursing faculty members.

Employment and Academic Experience

Angela, Sally, and Kate all share the belief that their previous employment and academic experiences tie together, that the totality of all these experiences aided their transition into the role of novice nursing faculty member after completing their MN degrees. The participants would frequently refer to or pull from their previous employment experiences to guide their transition. Building on their previous experiences played a significant part of all their transitions. Anderson (2009) also found this to be true as earlier work experience eased the transition to academia for novice nurse educators. While all three participants agreed that completing their MN education benefited their transition this will be explored in much more detail under the main theme Benefiting from Master of Nursing Education. Their MN education was a piece of the puzzle during their transition but so was building on their previous experiences. For Angela this previous experience includes nursing in an emergency department and contract work as a lab and clinical instructor. Sally's previous experience includes nursing on a busy acute care ward, contract work as a lab and clinical instructor, and TA and RA experience during graduate school. Kate, who has been working in the nursing profession for over thirty years, has previous experience in intensive care nursing, management, and being a Clinical Nurse Educator in a busy emergency department. She believes that previous life experience in management and educator roles added the most value to her role as a novice nursing faculty member which aided her transition the most. For Kate, who initially graduated as an RN with a diploma in nursing, completing her BSN opened up her eyes to the unique role of an adult learner.

It all ties together. All three participants reported integrating and building upon previous experiences into their current role as novice nursing faculty members. Angela, Sally, and Kate all previously worked in acute care ward nursing with Angela and Sally continuing to maintain that role. Anderson (2009) found that novice educators' integrated their clinical experience to guide elements of their teaching practice. Danna et al., (2010) found that utilizing experience from clinical practice can aid the transition to academia for novice nurse educators. Kate's past experiences also included being a Clinical Nurse Educator, managing a busy acute care ward, and completing her BSN following a diploma in nursing. For Kate the experience of being a novice in all her previous roles helped her to become comfortable with the uncomfortable feeling of being a novice. Angela and Sally both strongly believe that their previous experiences as MN students, acute care nurses, and clinical and lab instructors allowed them to slowly gain confidence and aided their transition in their new role as a faculty members. As an aside, having the experience of teaching labs for baccalaureate nursing students before entering the MN program also enhanced Sally's clinical practice. This further exemplifies her belief that all her teaching and learning experiences build on each other and tie together.

Integrating previous teaching experience before a Master of Nursing degree. The significance of having previous teaching experience before transitioning into the role of nursing faculty member was woven throughout the stories of all three participants. Anderson (2009) and Schoening (2013) found that novice educators may rely on past experiences as clinical nurses due to lack of experience as educators which allows them to slowly build confidence in their new role. Schoening (2013) also states that novice educators apply past nursing knowledge and experience to teaching situations which was also demonstrated by Angela, Kate, and Sally. Interestingly, Dinkelman et al. (2006b) found that participants, who were teachers becoming teacher educators once entering graduate school, drew more on previous knowledge and experience from their previous classroom teaching than from their formal coursework in graduate school. This was also previously found to be true by Dinkelman (2002).

Kate incorporated previous teaching experience from her role as a Clinical Nurse Educator in a busy emergency department in regards to understanding the importance of making learning fun. From her management experience, which Kate admits was not her favourite role, she was able to build on her understanding of barriers to implementing research and the benefits of sharing stories with more novice employees to cement learning. Angela and Sally

incorporated previous teaching experience from their roles as lab and clinical instructors which they believe aided their transition. This experience allowed Angela to have a better understanding of the nursing program and student expectations. This previous employment allowed Angela and Sally to begin establishing relationships with faculty members on which they continued to build on and utilize their support as they transitioned into their own faculty roles. Without her previous teaching experience Angela admits she would have been quite lost in her role as a faculty member.

Graduate student employment. Sally is the only participant who accepted graduate student employment as a TA and RA while completing her MN degree. While it was not a requirement of the MN program Sally believed they would provide valuable learning opportunities. Sally found that the experience she gained from that employment was extremely valuable while she transitioned into the role of nursing faculty member. This was also found to be true by Felder (2007) as nursing graduate students felt it was a valuable learning experience working side-by-side and supervised by experienced faculty. This resulted in rich learning experiences for the graduate students (Felder, 2007). Working as a TA provided an opportunity for teaching experience as well as experiencing firsthand the actual role and responsibilities of nursing faculty members. During her first year as a faculty member Sally was required to teach courses that she had previously co-taught as a TA. Having the experience of previously co-teaching the class with faculty support and being responsible for course responsibilities aided her transition when she had full responsibility for teaching her own courses. Having previous experience with similar or the same content, assignment expectations, and marking removed some anxiety over having full responsibility of the class and lessened the extensive preparation time. This was also found to be true by Benner et al. (2009) who write that through experiences of successfully navigating familiar situations competence is developed.

The more you teach the better you get at it. Angela and Sally both articulated that they are becoming more competent and confident in the role of nursing faculty member the longer they are in it and the more experience they gain at it. This also includes having the time to reflect on and incorporate necessary changes to improve their teaching practice. They both believe that the more they teach the better they get at it. For Angela that includes the role of lecturer. Within the timespan from the start of teaching her theory course until the end she was increasingly more comfortable in the role of lecturer. She was gaining confidence through experience. Angela

explains that her previous teaching experience and MN degree build on each other while in her new role. While it was her MN degree that opened the door to obtaining her faculty position it is experience that makes her better at it. Through the experience of building her first theory course she was teaching Angela learned how to do it better the second time. Sally's teaching practice has improved based on learning from her previous teaching experiences in the same or similar role. She is thankful she had this previous experience to build on as her MN degree was researched focused and she received no formal education or training on teaching adult learners. Sally believes her teaching is becoming richer and more evolved the more experience she gains. Gaining more experience positively impacts her teaching by having a better picture of the students overall experience in their BSN program.

Benefiting from Master of Nursing Education

Master of Nursing education aided the transition to more expert practice for all of the study participants. They began their transition into the role of novice nursing faculty member with a broadened view of the nursing profession that complements a competent nursing faculty member, someone in their second to third year of practice, although they were just beginning. This builds on the work of Benner as to the value of MN education on this transition as traditionally the competent nurse is beginning to see the bigger picture and has typically been employed for two to three years (Benner et al., 2009). As the participants transitioned into the role of novice nursing faculty member theory and practice intertwined in a mutually beneficial process as skills were developed (Benner et al., 2009). Benner et al. (2009) write that both theory and practice must be cultivated and appreciated for one to reach expert status. The novice to expert nursing model focuses on situated skillful behaviour as well as the use of knowledge (Benner et al., 2010). All of the participants shared unique stories that explored how they were able to apply their MN education as faculty members. Angela, Sally, and Kate all found that they were able to apply their MN education in different ways. This is supported by the work of Felder (2007) who found that novice nurse educators are able to apply knowledge gained in graduate school to the new role of faculty member.

The following section and subthemes will explore how MN education and the knowledge and experience it provides benefits novice nursing faculty members as they transition into their new roles. Gaining knowledge through MN education was seen as an experience, the experience of completing their MN degree or learning experiences gained through specific courses. Through

more detailed questioning or probing participants were able to break down pieces of their learning that were the most influential or impactful, but overall completing their MN degrees was seen as an experience unto itself. Benner et al.'s (2009) novice to expert transition model allowed me to explore the value of MN education on the transition from MN graduate to the role of novice nursing faculty members. Benner et al.'s (2009) model, which relies on experience, is applicable when discussing master's education because master's education provided learning experiences. This model supports this theme as it emphasizes the importance skill acquisition through experience and knowledge gain, such as MN education. The following section and subthemes will explore how MN education and the knowledge it provides benefits novice nursing faculty members as they transition in their new roles.

The Personal and Professional Value of Master of Nursing Education

While all the participants were willing and eager to discuss what they consider the value of their MN education it was not always so simple for them to articulate the value of this education on their transition into the faculty role. This was especially true for Sally who completed a research based master's degree that requires the completion and successful defense of a thesis. Angela, Sally, and Kate all expressed that they feel a sense of pride when they think of the personal value of their MN degree. Angela and Sally both identified that professionally the value of their MN degree is being taken more seriously by their students. All three participants also acknowledged and recognized the value of their MN education as securing their faculty position.

Personal value - pride and confidence. All of the study participants felt the personal value of their MN education: Angela, Sally, and Kate feel proud. Angela is able to easily express that she is proud that she set this goal for herself and successfully completed it. She is proud of her accomplishment and that she bettered herself through advancing her education. For Sally, pride stems from achieving her goal of advancing her nursing career through completing an MN degree. Completing her MN degree helps build her confidence and reinforces her belief that she is where she's supposed to be: in the faculty role. Her increased confidence translates directly to her ability to manage stressful situations, work competently while under pressure, and meet deadlines as these were expectations of her during her MN education. This is supported by the work of Watkins (2011b) as nurses believed their MN degree increased personal and professional confidence. Felder (2007) also found that nursing graduate students believed that

their education had given them a baseline of confidence. It was empowering for Sally to set the goal of completing an MN degree and achieving it. The experience of earning an MN degree has fostered resilience, a belief in herself that she is capable of setting challenging goals and reaching them. Kate believes that her MN degree confirms that she has the tools to be competent in her new role as a faculty member. She feels educated and personal pride when she thinks about the personal value of her MN degree. Kate also experiences pride that her daughter is proud of her for valuing education and pursuing graduate education.

Professional value - Taken more seriously by students. Two of the participants, Angela and Sally, both identified that they are taken more seriously by their students. Watkins (2011b) also found that nurses gained professional respect and credibility following the completion of MN education, which therefore increased their personal and professional confidence. Angela believes having an MN degree allows her to provide a better learning experience for her students and they are able to recognize her advanced education. Sally strongly believes that having an MN degree increases her credibility as a teacher to her nursing students. This is important to her as she completed her MN degree a few years after her BSN and feels that she has less acute care nursing experience to share with her students. Students are often surprised that she has her masters and find inspiration to enter graduate school based on Sally's academic and professional goals. In Sally's opinion having her MN degree translates her passion for teaching and the nursing profession to her students. It shows her dedication and excitement towards the education of adult learners and their active engagement in that process. Kate never expressed that she felt this way with her students. This could be due to her students recognizing her experience and expertise from her nursing career spanning more than thirty years.

Secured employment as nursing faculty members. All three participants identified that without their MN degrees they would not have gotten the faculty positions they are in. Drennan (2008) also found that a significant number of graduates received promotional opportunities after completing master's degrees and attributed this promotion to their qualifications as master's graduates, a finding comparable to later research by Watkins (2011b). Sally first felt the value of her MN degree when she secured her first permanent teaching position. She then felt that all the time and energy she put into completing her MN degree was well worth the effort. It was made clear to Kate that there would be faculty jobs available but she would need a master's degree to secure such a position. When Kate realized she would need her masters to secure a faculty

position she made purposeful and intentional decisions when choosing the classes for her MN program. She wanted to ensure that the learning and experiences from her classes would support her in the role of nursing faculty member.

Beginning to See the Bigger Picture

Valuable learning experiences occurred during MN studies that allowed all three participants to see a bigger and broader picture of the nursing profession. This is supported by CASN (2015a) as MN programs provide a comprehensive and substantial understanding of nursing knowledge and an awareness of new insights. For Angela and Kate this occurred in relation to their learning opportunities and experiences during various courses. Sally began to see a bigger picture of the nursing profession during the writing of her master's thesis.

Seeing a bigger picture of the nursing profession. During her MN education Angela was exposed to a course that provided Aboriginal awareness. This education gave her a new lens to look through when discussing the complex nature of Aboriginal health issues and generational situations when working with students in a clinical setting. Watkins (2011b) also found that MPNs expressed a broadened awareness of issues facing healthcare with a greater political understanding (Watkins, 2011b). Angela admits that she lacked this awareness and understanding before her MN studies and is thankful for this learning as it benefits not only her clinical instructing but also her role as a bedside nurse.

The experience of completing her MN degree gave Kate the opportunity to look at things with a different perspective. Kate believes that her MN degree influenced her transition so significantly because she purposefully chose to take classes that would help her in her new role. The MN program exposed Kate to courses, information, and people she would never have otherwise been exposed to. She is thankful that she was exposed to a cultural educational class offered through the College of Education that helped her to look at the world through a different world view. The experience of being the only nurse in a class full of teachers helped broaden her views as their perspectives were new to her. This course helped her understand that our background and experience influence our current perceptions and world views and significantly impacted her teaching with students in the clinical setting. She recognises the importance of understanding their backgrounds and experiences and how that influences their clinical practice. She believes she is better able to support her students through their clinical experience when she is aware of their perspectives and understands where they have come from.

Seeing a bigger picture of research in the nursing profession. After careful consideration and discussion Sally came to the realization that her graduate education was an experience that helped her to grow and see a bigger picture of research within the nursing profession. This is supported by CMEC (2007) as master's education provides experiences to develop and demonstrate advanced research skills under direction of a supervisor or to demonstrate required research, analytical, interpretive, methodological, and expository skills through course exercises. The knowledge gained from the results of her research have not only been applied to her professional life but to her personal life as well. It has provided insight into what truly matters in her own life, such as spending quality time with her husband and child, and advocating for those values. She has a bigger picture of applying research to practice as she was able to experience this first hand. The experience of being a master's student opened her eyes to all the different avenues that you can research but also the different areas that are involved in the profession of nursing.

Seeing a bigger picture of leadership in the nursing profession. During her MN education Angela had the opportunity to work with a nursing leader for a semester in a course focused on preceptorship. This allowed Angela to see a bigger picture of nursing in regards to the value of leadership in nursing. Being exposed to her leadership style and seeing leadership in action benefited Angela both personally and professionally. This experience influenced her transition by inspiring her to model a similar leadership style in her own nursing practice and faculty member role. Seeing nursing leaders outside of academia impacted her in terms of her career and personal goals. As a bedside nurse and clinical instructor before completing her MN degree Angela felt like she had tunnel vision, only focused on her unit or her students. She is now able to see leadership involving responsibilities and possibilities that she previously did not. It inspired her to see the importance of being a leader and creating new and innovative solutions for problems instead of choosing negativity and complaining. This is supported by CASN (2015a) as MN programs prepare students to create and implement innovative strategies for problems and issues in areas of practice. The experience of working with a leader opened up her eyes to the importance of leadership in healthcare and the nursing profession.

Master of Nursing Education – Preparation for the Nursing Faculty Role

All the participants expressed differing views of how their MN education prepared them for the role of nursing faculty member. Angela and Kate both believe that their MN education created a foundation for their teaching practice. Angela felt that each class she took benefited her in her new role in its own unique way: they all had very specific objectives in terms of preparing her to step into a faculty or leadership or research type role. They were all important and provided different corner stones of a foundation.

Feeling prepared. Angela and Kate indicated that it was the combination of all their graduate courses that helped prepare them for the role of nursing faculty member. Angela was taught how to interact with students in a way that engages them, provides an enriched learning environment, and aims to inspire their future nursing practice.

Kate's MN degree taught her learning theories that she implemented into her courses to help engage her students and enhance their learning experience. Before having a MN degree and educating RNs in a hospital setting she did not implement teaching or learning theories as she was not aware of them or their importance. She now implements teaching and learning theories as a faculty member to help her students understand and retain new learning. She also acknowledges that her MN degree has helped her to understand when she should question things or not question things and when she needs to utilize research to help solve questions or problems.

Kate's MN education helped her realize it is not all about the outcome. Her master's education along with previous experiences helped her to realize and be accepting that there is not always a right or wrong answer and there is more than one way to do something. She is able to look deeper than the outcome and realizes the importance of understanding the reasons behind the outcome. Through lecturing nursing students Kate has realized that there is more than one way to teach students as they have many learning styles. This is supported by CASN (2015a) as MN programs prepare students to recognize and analyse facilitators and barriers to the uptake of knowledge.

Confidently critique research. After the completion of her MN degree Kate felt confident in understanding the importance of questioning the quality of research she uses and teaches. Kate admits that before her MN education she assumed that if information was written in a text book it was high quality literature. Following completion on her MN degree Kate looks

deeper into the article or text to see the publication year and review the sources and references to ensure the research is reputable and should be applied to nursing practice.

An increased ability to articulate. Angela identified that she has an increased ability to articulate when lecturing or having discussions with students that she attributes to her MN education. This is supported by CASN (2015a) as MN programs prepare students to articulate an advanced nursing perspective. This includes responding to questions and teaching in a way that is much more theory and knowledge based. Angela believes her critical thinking skills have improved in regards to better ways to respond to her students questions and how she teaches, which are now much more theory and knowledge based. This is supported by the work of Drennon (2012) who found that MPNs reported they had made significant gains in their abilities to communicate and to problem solve as a direct result of their MN program. Being more academically prepared from the completion of her MN assignments, group work, and courses in general positively impacted the way she is able to formulate her questioning and responses with students. She now has the ability to formulate responses in a way that asks a questions at the same time which better stimulates learning: instead of just answering her student's questions she encourages them to find ways to answer their own questions. Drumm (2013) found that students are encouraged by the competent nurse educator to look up answers to their own questions when the answer is unknown. She is now able to phrase her questions in ways that facilitates digging deeper and taking a second look at the issues. She admits that before she completed her masters and was asked a question she would just answer it. She now chooses to have a discussion or utilize problem-based learning strategies, which she believes creates a better learning experience for her students.

Integrating theory and research into teaching practice. All three participants believe their MN education has increased their ability to integrate theory and research into their teaching practice. This is supported by CASN (2015a) as MN programs prepare students to demonstrate the knowledge and skills to locate, review, critically examine, synthesize, and judiciously use theory and empirical evidence from diverse sources. MN programs also provide practice learning experiences to encourage the use of the highest quality evidence available, theories, and expertise in an advanced nursing role (CASN, 2015a).

Angela believes that the knowledge she gained through her MN degree taught her how to create a theory course that was appropriate for students and their level of learning: it prepared her

to teach a theory course. This affected her transition as she felt more confident and competent creating assignments, developing marking rubrics, and creating course objectives. She also felt more comfortable incorporating teaching and learning theories into her lectures that she learned during her MN education to better engage her students. Felder (2007) also found that learning from graduate school increased comfort when talking and lecturing due to an understanding of nursing concepts. Angela attributes her ability to foster and facilitate learning to her MN degree. Having the knowledge of how to engage learners and principles of adult learning and adult education allowed her to create a more interactive learning environment. This is supported by CASN (2015a) as MN programs prepare students to use evidence-based strategies for the purpose of knowledge translation. She believes that if she would have taught this course before completing her MN degree that all she would have done was stand at the front and read her PowerPoints because that is all she previously knew to do.

For Sally, having a MN degree has been especially beneficial in her new role when she is teaching a theory course. She acknowledged that not only is she considered competent enough to teach a theory course after completing her masters but that now she can bring a lot of research into her lectures. MN education allows Sally to confidently and competently incorporate nursing research into her courses when teaching theory classes. Experience from her MN degree helps her to bring research into lectures or teaching by being able to search for and find relevant and current best practice information faster and more efficiently.

Kate believes the greatest influence or significance of her MN education on her transition from completing her MN degree into the novice nursing faculty role was to confidently utilize research in her new role. She is able to locate information, assess its quality, and implement it into her teaching practice. She describes the courses in her MN program as helping her to locate information. The learning that impacted Kate's transition into her new role was in the area of research and learning to understand what is good research and why.

Clinical instruction has improved. All three participants indicated that their clinical instruction has improved following completion of their MN degrees. Angela is now able to put the pieces together. She knows that her clinical instruction has improved in terms of fostering critical thinking and creating insight. It is important to her that students are able to put the pieces together and see the big picture. Felder (2007) also found that the ability to educate nursing students to competently apply and incorporate theory and research to nursing practice was gained

through master's education. Sally is able to recognize the value of the research she conducted during her thesis when she works at her clinical practice. Her thesis work impacts her the most because the specific population she researched is also who she works with in her clinical practice. Sally is more competent and comfortable incorporating research into her role as a clinical instructor. When teaching hands on clinical skills Sally is able to incorporate more research and is more comfortable including relevant theory. She is more confident when discussing best practice guidelines and the relevance of them with her students. She is generally more comfortable and confident when incorporating research and relevant literature into her lab instruction as well. Sally's experience is supported by CASN (2015a) as MN programs provide practice learning experiences that promote the use of best available evidence and theories in advanced nursing roles. Kate expresses that it is a combination of her MN education and previous experience in a leadership role that allow her to realize what nursing prioritizes are the most important for her clinical students to understand in regards to patient assessments and patient care. This allows her to confidently support and grade her students as a clinical instructor.

Appropriately grade assignments. Through the experience of her MN degree Angela has gained skills in marking assignments appropriately. Angela believes that her marks may have previously been inflated prior to receiving this advanced education. She attributes this to her ability to really critique and take a second look. Angela believes the value of her MN degree is apparent in her increased ability to competently mark, grade, and provide feedback.

Angela and Sally both expressed that they are now experts at APA formatting and citation. During their MN education they had the opportunity to practice this skill throughout the program. Kate has had so much practice with this style of writing that she feels confident grading her students' assignments.

Increased ability to foster inquiry. MN education in practice is Angela's increased ability to foster inquiry, one of her main reasons for entering the program. The CASN (2015a) write that MN programs not only prepare students to coach, mentor, and teach nursing students but also to build a culture of learning in a specific area of nursing practice that nurtures a spirit of inquiry. MN education prepares students to promote nursing inquiry (CASN, 2015a). For Angela it is not about hands on nursing skills but the ability to engage her students, to make them excited about learning, and facilitate their learning in the most effective ways possible using theory from her MN education.

Incorporating new teaching and learning theories. Being in a graduate program that utilized technology to distribute learning inspired Angela to incorporate technology into her own lectures. She became comfortable with these new areas of technology and was excited to engage students in new ways. She soon realized that this was a change for the students and was initially met with resistance. This is not uncommon as novice educators face challenges implementing different pedagogical styles (Brown, 2015) and are more focused on content and less on the learner (Schoening, 2013). While Angela's students were uncomfortable with the change and were pushed outside their comfort zones by the end of the course they were pleased with their submitted work and enjoyed viewing other students' work online.

Aspects of MN Education that Hindered Transition

Sally had a distinctly unique experience during her MN education compared to Angela and Kate. Sally chose a research based MN degree that resulted in her questioning if this degree option prepared her for the role of nursing faculty member because she did not feel prepared for all components. Dempsey (2007) found that participants believed that being master's-prepared was helpful but did not sufficiently prepare them for all the practical responsibilities of the faculty role. This was also found by McDonald (2010) as she wrote that even with a master's degree in nursing education, novice educators may feel inadequately prepared for the classroom and clinical settings. Angela and Kate both indicated that they believed their MN education helped prepare them for their new role. Angela could not even think of any aspects of her MN education that may have hindered her transition. Kate had an experience during one of her courses that she believes may have negatively impacted her transition and resulted in her feeling unsupported in her learning.

Kate's experience. Kate shared a story about pursuing a preceptor experience with a prominent nursing leader to complete a course component. The opportunity to work with this specific nursing leader excited Kate but was denied by the course leader, as it did not meet the course requirements. She believes it would have been a valuable learning opportunity where she would have been able to bring that learning with her into her new role. Kate still wonders what she could have gained from that experience and what she could have brought back from it and shared with her students.

Sally's experience. It is with more ease that Sally can explore the ways her MN degree has impacted her clinical practice than her transition in the nursing faculty role. While she has definitely felt the value of her MN degree during her transition it is much harder for her to articulate it in that context of transitioning into the role of faculty member because it was research focused and not teaching focused. Sally is not sure whether or not the requirements of her research focused masters relate to her faculty role causing her to question the value of her MN degree in regards to whether or not it helped her prepare for this role. Her MN degree taught her how to do proper literature reviews and interpret data. While she understands the value conducting research, the value of her MN education is not as apparent to her as taking a formal class about teaching. Sally also questions the value of learning all of that if she does not get to apply it.

Difficulty Verbalizing Value of MN degree on Transition

Sally was the only participant who initially admitted that she had difficulty recognizing and articulating the value of her MN degree on her transition into the role of novice nursing faculty member. Initially when directly asked what she believes the value of her MN degree is or how it impacted her transition into the faculty role Sally had to think about it. The role and responsibilities of a faculty member are very different to what she was working towards in her research focused MN degree. It is difficult for her to explain or describe what learning impacted her the most during her MN education and she is not sure that she knows how to. She is aware that she might not even truly understand what the value of her MN degree in a way that she can articulate. She believes that exposing herself to something that is different is valuable in itself, such as exposing herself to the field of research. She finds that she struggles to verbalize the value of her MN degree on the transition into her new role because it is not something that is visual. Sally believes that it is more of an experience that helps you to grow and to evolve and to expand your mind. This was also found to be true by Dinkelman (2002) and Dinkelman et al. (2006b) who found that formal coursework on teaching education was only believed to have a minimal influence on how teacher educators shaped their teaching practices (Dinkelman, 2002; Dinkelman et al., 2006b). Participants did not believe that their graduate coursework fully supported and informed their work as teacher educators, this was found to be especially true in the first year of their teacher educating experiences (2006b). Participants determined they relied on intuition, personal experiences, and the experiences of others to be successful as novice

teacher educators (Dinkelman, 2002; Dinkelman et al., 2006b). Dinkelman writes that while this may be what participants believe, it may be impossible for participants to be aware of or articulate exactly how their graduate education has influenced them. This research concluded that participants' believed that their formal knowledge base on teacher education only provided a minor role in facilitating their transition from teacher to university-based teacher educator.

Growing professionally. Sally explains that her MN degree allowed her to grow professionally in multiple ways. This includes understanding herself better, prioritizing a comfortable work-life balance, and exposing herself to something as unfamiliar as conducting research. Completing a thesis in her MN program exposed her to a plethora of nursing research and literature that she did not realize was available. Her mind was opened to the richness of available nursing literature. It also allowed her to see all the different areas and avenues of nursing and nursing research. The results of her thesis study also allowed her to grow by helping her to see a bigger picture of the people she works with in her clinical practice. Felder (2007) also found that recently graduated MPNs transitioning into the faculty role found that completing a thesis was a valuable and rich learning experience.

Teaching and working in academia was correct choice. Returning to university and completing an MN degree affirmed that teaching nursing students was what Sally truly wanted to do with her nursing career. While she chose to complete a research focused thesis she came to realize that research was not her passion and that she wanted teaching to be her focus. This is supported by the work of Stark et al. (2004) who found that graduate school experience can also play a significant role when deciding to pursue a career in academia and be a deciding factor for graduate students choosing to become and remain faculty members (Oshoneye, 2009). Graduate school experience may also provide an understanding of academic careers before the first faculty position has begun (Austin, 2002). This was found to be true by Sally as completing her MN allowed her to realize she wanted to teach nursing students and was less interested in conducting research.

Future PhD research. Sally was the only participant who discussed interest in future PhD studies. This is not surprising as Drennon (2008) found that only a small minority of MPNs, all of whom worked in nursing education, stated they were interested in pursuing PhD studies. The vast majority of MPNs viewed their MN degree as a final academic achievement that was integral to their careers. Sally's experience of conducting thesis research also provided insight

into the research she would be interested in conducting in the future. She acknowledges that it would have to be in an area of research that is practical and applicable directly to practice. Her masters influenced her understanding of the areas of research that would motivate her and inspire a passion for conducting research: research that she could apply directly to practice. She was able to directly apply the research from her thesis and would want to continue research that is also directly applicable.

Researcher's Reflection

As I reflect on the experience of working together with my study participants during the interview process I am overcome with gratitude. Without their generosity of time and willingness to openly and honestly share their stories from a place of authenticity this research project would not have been possible. I have a new awareness and appreciation of just how important the participants are in research, they literally make it possible. Working together with them was the highlight of conducting this entire research project. I found there was something very natural about nurses sitting together and sharing stories. As a novice researcher I would feel my nervous energy melt away as we would sit together and talk about their journey from graduate school to their new role as nursing faculty members. The experience of graduate school would often arise and I felt a sense of connection to these women as they recounted stories of meeting deadlines, feeling stress, and being excited by new knowledge and insight. It was with Sally that I felt the most connected. This is most likely due to the fact that we both chose the thesis option for completing our MN degrees, and are leaving the door open for future PhD education. Like Sally I found myself questioning whether I had made the right choice by choosing a research focused MN degree. We also shared the experiences of constantly attempting to establish work-life balance during graduate school. Through building this relationship with Sally I no longer felt so alone in my own graduate school experience. Stories are truly powerful.

During the initial interview process it was exciting for me as the researcher to explore the stories of the participants' MN education and its value on their transition, I felt like we were entering new territory. When exploring the value of MN education with my participants I found that I had to probe deeper into their answers to truly explore their perceptions of the value of this education. The second interview was also helpful for this piece of the study because all three of the participants used the time in-between the first and second interview to reflect on this. This

was not through any recommendation by myself but motivated by themselves to have a better understanding of the value of their MN education for themselves.

It was so important to me as well as the NI process that I understood and would accurately represent the stories of these nursing faculty members. I found that having two interviews, an initial and follow up, and using member checking ensured that the transcripts were accurately transcribed and I interpreted the meaning of their stories correctly when I analyzed our interviews for common themes. This process taught me the importance of exploring experiences and learning to understand their meaning and reinforced the importance of listening to the stories of others as there is valuable learning there.

Summary

This chapter included the re-storied narratives for each participant. The narratives were re-storied using the four common themes that emerged from the interviews following data analysis. To accurately construct the participant's narratives a new model was developed using the common themes that arose from within the participant's narratives. These four distinct themes represent the process of transitioning into the novice nursing faculty role. They include: (1) Being a Novice, (2) Growing from Mentorship and Support, (3) Building on Previous Experience, and (4) Benefiting from Master of Nursing Education. The narratives of each of these nursing faculty members explores the experience of transitioning from an MN graduate to the role of nursing faculty members while contributing to the understanding of the value of MN education on this transition. Following the narratives a comparative analysis of the themes that arose within the narratives was conducted between the participants. This chapter concluded with my reflection on the research process. The following and final chapter, Chapter 5, summarizes the study and its findings. Chapter 5 will discuss the research findings followed by the implications of the study being identified.

CHAPER FIVE: SUMMARY AND CONCLUSION

This chapter summarized the study through reviewing the purpose of the study, the problem, the research questions, and the methodology. Chapter 5 begins with a summary of the research design and a discussion of the research findings in relation to the research questions. This is followed by the implications of the research in regards to future practice and research. This chapter concludes with a personal reflection of the researcher on the insights that writing and completing this study have given.

Summary of the Research Design

This study addressed the research problem of the lack of knowledge and published literature on the experience of MN graduates transitioning to the role of nursing faculty member and the value of MN education on that transition. The study included three nursing faculty members who had transitioned directly to that role after completing an MN degree within the last three years (2014, 2015, or 2016).

The following research questions guided the study:

- (1) What are the stories and personal narratives of novice nursing faculty who have transitioned from completing a MN degree to the role of nursing faculty member?
- (2) What are the stories of novice nursing faculty that illustrate the perceived value of MN education in making the transition from MN graduate to nursing faculty member?

The study was guided by the novice to expert nursing transition model of Benner et al. (2009) to explore the transition experiences of MN graduates to nursing faculty members through stories and personal narratives as well as the perceptions of the value placed on MN education while transitioning to this role. The interview questions were designed to facilitate storytelling and elicit and explore stories of their transition as well as to the perceived value of their MN education on this transition. The interviews were semi-structured which allowed for probing, clarification when needed, and exploring additional stories. Utilizing member checking and having a second interview ensured that the stories that the participant's shared with me were accurately interpreted and understood.

The interviews were conducted in person with the exception of Angela who chose a video link as the preferred interview method. Two interviews were conducted with each participant of one and half to two hours each. After each interview each transcript was transcribed and reviewed for accuracy. The transcripts were then forwarded to the participants for confirmation

of accuracy. Any clarifications and requested removal of interview data were incorporated into the revised transcripts.

As each interview was completed and transcribed the transcript was reviewed in-depth. Becoming more comfortable with transcription allowed for analyzing the data during transcription. The transcript was reviewed for accuracy by repeated listening to the audio-taped interview while reading along with the interview transcript. This was helpful in identifying emerging and prominent themes. Re-reading the transcripts, three times in total, allowed for confirmation of the prominent themes as well as identification other recurrent themes that were initially less apparent. Using the common themes that arose from within the participant's stories the participant's narratives were accurately construct. The common themes formed the model which was used to structure the participant's narratives using their own words. The narratives, which are the study findings, were then analyzed in comparison between narratives as well as in relation to the study's adapted theoretical model and to the literature found in Chapters 1 and 2.

Summary of the Research Findings

In Chapter 4 the narratives were analyzed in relation to the emergent common themes that are supported by Benner et al.'s (2009) novice to expert nursing transition model. In this chapter the findings are discussed in relation to the research questions of the study.

Research Question 1: What are the stories and personal narratives of novice nursing faculty who have transitioned from completing a MN degree to the role of nursing faculty member?

Each participant entered this study with their own unique background and experiences as they transitioned into the nursing faculty role. Angela is in her first year of teaching as a nursing faculty member after completing a course based MN degree. Woven throughout her stories are her first experiences creating and teaching a nursing theory course and working through multiple unexpected challenging situations with students. Having been assigned a formal mentor allowed Angela to work through feelings of self-doubt and guided her to more expert practice: integrating experience, intuition, and previous knowledge easily into practice. She also searched out mentors to answer questions or provide feedback regarding unknown aspects of her role. Angela was able to integrate learning from previous experiences to support her continued growth and success. Completing an MN degree built a foundation of knowledge and experience for Angela to draw upon as she transitioned into the role of nursing faculty member. She believes that it allowed her

to see a bigger picture of the nursing profession in regards to cultural awareness and leadership as well as helped to prepare her for her new role.

Sally is in her second year of teaching and completed her MN degree by successfully defending her thesis. Woven throughout her stories are her experiences of managing the heavy teaching assignments she received shortly before the semesters began while constantly working to establish a comfortable work life balance. The keys to Sally's story are her recognition of previous teaching experiences that allow her to continually reflect on and develop her teaching and clinical skills as well as acknowledging mentorship and support from fellow faculty members as major factors attributing to her success. Being guided and mentored by a senior nursing faculty member from when she was working towards her BSN until present has played a significant part in Sally's story. The informal mentorship she has received from her long time mentor as well as from other faculty members and colleagues aided her transition into her new role more than any other factor. Completing her MN has built her confidence and nurtured her professional growth. While she does question if completing a researched focused MN degree was the correct choice for her as she did not feel it prepared her for the role of faculty member, she is now able to see a broader picture of the nursing profession and a bigger picture of applying research to practice.

Kate is her third year as a faculty member following the completion of a course based MN degree. Threaded throughout Kate's stories is her passion for the nursing profession and educating the next generation of nursing students. She embraces the belief that learning and education are lifelong and works to instill that value in her students. She has found transitioning into the novice faculty role to be the most challenging since transitioning into her first bedside nursing job over thirty years ago. Kate strongly believes her plethora of experiences has helped guide her transition to the role of nursing faculty member. It was not until she was forced to reflect on her MN education while completing a faculty educational program on teaching and learning that she realized the extensive value of her MN education and how it aided her transition into this new role. She is not afraid to put herself into the role of novice, a role she has been in many times over her thirty plus years in the nursing profession. She frequently draws on her previous years of experience in leadership roles, especially her role in management, to guide her transition when working through unknown situations. As an intentional learner her MN degree has exposed her to differing world views, the importance of understanding multiple perspectives,

and looking deeper into outcomes. She is thankful for the experiences and new learning she encountered during her MN degree that allows her to now see a bigger and broader picture of the nursing profession.

In summary, each participant shared unique stories that expressed their personal experiences transitioning into the role of a novice as a nursing faculty member. They shared similar experiences with the challenges they faced being in a novice role, reflecting to improve their teaching practice, growing from mentorship and support, building on and incorporating experience, and benefiting from their MN education.

Research Question 2: What are the stories of novice nursing faculty that illustrate the perceived value of MN education in making the transition from MN graduate to nursing faculty member?

While all the participants were willing and eager to discuss what they consider the value of their MN education, it was not always so simple for them to articulate the value of this education on their transition into the faculty role. This was especially true for Sally who completed a research based thesis that required the completion and successful defense of a thesis. Angela, Sally, and Kate all expressed that they feel a sense of pride when they think of the personal value of their MN degree. Angela and Sally both identified that professionally the value of their MN degree is being taken more seriously by their students now that they have a master's degree. All three participants also acknowledged and recognized the value of their MN education as securing their faculty position.

Valuable learning experiences occurred during MN studies that aided their transition and allowed all three participants to see a bigger and broader picture of the nursing profession. For Angela and Kate this occurred in relation to their learning opportunities and experiences during various courses. Angela expressed having a broadened cultural awareness and seeing a bigger picture of the value of leadership in the nursing profession. Kate is thankful she was exposed to new and varying perspectives in her courses. Sally began to see a bigger picture of research in the nursing profession during the writing of her master's thesis.

All the participants expressed differing views of how their MN education prepared them for the role of nursing faculty member. Angela and Kate both believe that their MN education created a foundation for their teaching practice. They both indicated that it was the combination of all their graduate courses that helped prepare them for the role of nursing faculty member.

Angela felt that each class she took benefited her in her new role in its own unique way; they all had very specific objectives in terms of preparing her to step into a faculty or leadership or research type role. Kate's MN degree taught her learning theories that she implemented into her courses to help engage her students and enhance their learning experience. After the completion of her MN degree Kate felt confident in understanding the importance of questioning the quality of research she uses and teaches. Angela identified that she has an increased ability to articulate which she attributes to her MN education. This includes responding to questions and teaching in a way that is much more theory and knowledge based. Angela believes her critical thinking skills have improved in regards to better ways to respond to her students' questions and how she teaches, which are now much more theory and knowledge based.

All three participants believe their MN education has increased their ability to integrate theory and research into their teaching practice. Angela, Sally, and Kate all indicated that their clinical instruction has improved following completion of their MN degrees. Through the experience of her MN degree Angela has gained skills in marking assignments appropriately. Angela and Sally both expressed that they are now experts at APA formatting and citation. Being in a graduate program that utilized technology to distribute learning inspired Angela to incorporate technology into her own lectures.

Sally explains that her MN degree allowed her to grow professionally in multiple ways. This includes understanding herself better, prioritizing a comfortable work-life balance, and exposing herself to something as unfamiliar as conducting research. Sally was the only participant who discussed interest in future PhD studies. Her masters influenced her understanding of the areas of research that would motivate her and inspire a passion for conducting research-- research that she could apply directly to practice.

Aspects of MN Education that Hindered Transition

Sally had a distinctly unique experience during her MN education compared to Angela and Kate. Sally chose a research based thesis something that resulted in her questioning if this degree option prepared her for the role of nursing faculty member because she did not feel prepared. It is with more ease that Sally can explore the ways her MN degree has impacted her clinical practice than her transition in the nursing faculty role. While she has definitely felt the value of her MN degree during her transition it was much harder for her to articulate it in the context of transitioning into the role of faculty member because it was research focused and not

teaching focused. Sally is not sure whether or not the requirements of her research focused masters relate to her faculty role, causing her to question the value of her MN degree in helping her prepare for this role. Her MN degree taught her how to do proper literature reviews and interpret data. While she understands the value conducting research, the value of her MN education is not as apparent to her as taking a formal class about teaching. Sally also questions the value of learning about conducting research so extensively if she does not get to apply it.

Angela and Kate both indicated that they believed their MN education helped prepare them for their new role. Angela could not think of any aspects of her MN education that may have hindered her transition. Kate had an experience during one of her courses that she believes may have negatively impacted her transition and resulted in her feeling unsupported in her learning. Kate shared a story about pursuing a preceptor experience with a prominent nursing leader to complete a course component. The opportunity was denied by the course leader as it did not meet the course requirements. She believes it would have been a valuable learning opportunity where she would have been able to bring that learning with her into her new role.

In summary, all three participants expressed their own personal value of their MN degree. They shared a sense of pride and acknowledged that this advanced education opened the door to their current employment. Each participant shared valuable learning experiences that aided their transition and allowed them to see a bigger and broader picture of the nursing profession in differing ways. While Angela could find nothing about the MN education she received that hindered her transition, and Kate could think of one isolated experience, Sally questions whether she chose the correct route with completing a research focused MN degree as she did not feel prepared for the role of nursing faculty member following completion of her MN degree. Sally felt she had minimal formal preparation and training during her research focused MN degree for the role of faculty member and received this knowledge through her experience of being in the role of a TA during her graduate education.

Discussion of the Findings

Four overarching themes emerged from the analysis of the participant's stories: Being a Novice, Growing from Mentorship and Support, Building on Previous Experience, and Benefiting from Master of Nursing Education. The findings suggest that MN education is just a piece of the transition into their new role. The themes of Being a Novice, Growing from Mentorship and Support, and Building on Previous Experience build on previous research and

literature. The findings from the theme Master of Nursing Education add a new perspective and research findings on the value of MN education on the transition into the role of nursing faculty member. This study demonstrates that MN education aided the transition to more expert practice in the area of nursing faculty members as they transitioned from completing their MN education into this new role as novices. As they entered their new role they were able to combine their previous knowledge and MN education with experience. This indicates that education, and education combined with experience, allows for advancement through the stages of novice to expert.

The first theme, Being a Novice explores the stories related to the experience of being immersed in this new, sometimes ambiguous, role as described by participants. The theme Being a Novice was integral to the transition from being an MN graduate to the role of nursing faculty member. Developing knowledge and teaching competence through the experience of being a novice was interwoven into all their stories. All three participants shared and explored their experiences and insights gained as they worked through the challenges that accompanied being a novice in this new role. They were learning through experience and practice. This theme also included the sub-theme Reflection is Essential. Acknowledging the importance of reflection while exploring its impact revealed that one must reflect on experience to truly grow and benefit from it. Surprisingly, it was often only through our dialogue that the participant's even realized that they were using reflection.

The second theme, Growing from Mentorship and Support explores how mentorship, often informal, and support from colleagues significantly impacted their ability to successfully transition into their new role as faculty members. While two participants were assigned formal mentors, Angela and Kate, only Angela found this relationship to be beneficial as Kate's mentor was often unavailable. Kate therefore sought out mentors who were able to aid her transition, answer her questions, and guide her towards understanding the expectations of her new role. Angela's assigned mentor helped build her confidence and competence in her ability to teach as well as deal with challenging student situations. Sally's relationship with an informal mentor guided her journey from a BSN student to MN prepared nursing faculty member: she is truly grateful for this relationship and all the support and opportunities it has provided her. Angela, Sally, and Kate all required multiple mentors throughout their transition. All of the participants shared stories of mentorship and support guiding their transition and helping them to gain

confidence and competence in their new role and to understand expectations of themselves in their new roles.

The third theme, Building on Previous Experience explores how previous experience influences and is integrated into the role of novice nursing faculty member. I was initially surprised at how often the participants referred to or pulled from their previous employment experiences to guide their transition. Building on their previous experiences played a significant part of all their transitions. Participants' believed that drawing on previous experience was just as or more valuable when transitioning into their new role as their MN education. All participants shared stories of building on their previous experiences when exploring their transition to the role of novice nursing faculty member. Believing that it all tied together and using knowledge and insight gained from experience was expressed by all three of the study participants.

The fourth theme, Benefiting from Master of Nursing Education found that MN education aided the transition to more expert practice by the study participants. All three participants began their transition into the role of nursing faculty member with a broadened view of the nursing profession which reflects a competent nursing faculty member, someone in their second to third year of practice, although they were just beginning. The findings also suggest that the perceived value of MN education on the transition to the role of nursing faculty member is not always initially apparent. Gaining knowledge through MN education was seen as an experience, the experience of completing their MN degree or learning experiences gained through specific courses. Through more detailed questioning or probing during the interview process, participants were able to break down pieces of their learning that were the most influential or impactful, but overall completing their MN degrees was seen as an experience unto itself. While the participants who chose a course based route, Angela and Kate, believed their MN education prepared them for the role of nursing faculty member, Sally who completed a researched focused MN degree, did not feel prepared for her new role and still questions if she chose the correct route for her degree.

In summary, the study revealed that the needs of novice nursing faculty members differ and vary depending on previous employment, educational opportunities, personal expectations, workload, and route of MN degree completed - course based or thesis. All the participants required mentorship and support to successfully transition into their new role. They discovered that there was great learning in the experience of being a novice in the nursing faculty role. MN

education aided the transition to more expert practice, increased the confidence of all the participants, and provided a broader view of the nursing profession in various ways.

Implications of the Study

The research questions for this study explored the stories and personal narratives of novice nursing faculty members who have transitioned from completing a MN degree to teaching baccalaureate nursing students in both the clinical and classroom setting and their stories that illustrate the perceived value of MN education in making that transition. This study identified themes from the personal stories of recently graduated MPNs transitioning into the role of nursing faculty member that could be further researched and developed through both qualitative and quantitative methodologies. The identification of these themes had the purpose of enhancing research and practice with respect to transitioning into the nursing faculty role and the value of MN education on that transition. This study provided a depth and richness of data that is currently absent in the literature as well as to provide a starting point for a body of literature that would support MPNs as they transitioned into employment following completion of their MN program. The following section discusses the implication of the study in regards to practice and research.

Implications for Practice

The study findings have implications for the nursing profession, the employers of MN graduates, and for MN graduates themselves. The findings suggest that novice nursing faculty members have different needs as they transition into the role of nursing faculty members depending on their previous education and experiences.

Formal orientation programs. Based upon the research findings novice nursing faculty members are faced with challenging situations and overwhelming workloads. While the participants entered their new role with varying levels of experience in clinical practice, leadership roles, and academia - instructing labs and clinical, the nursing faculty role included new expectations and responsibilities. The participants were often unaware of their own learning needs until situations arose which often needed to be dealt with in a timely manner and caused significant feelings of stress. The stories of these novice nursing faculty members point out the need for formal orientation programs to be provided at the start of employment. An orientation program should include the expectations of novice level practice so that novice faculty members can understand what realistic expectations for themselves would be. As the participants

recognized the value of discussing their transition it may be beneficial for orientation programs to extend beyond the initial period to include periodic sessions where new faculty can come together to reflect on and discuss their experiences. Therefore it would be beneficial for these novices to be provided an orientation program to aid them in becoming acclimated into their new role and become familiar with expectations, policies, procedures, administrative responsibilities, who to go to for mentorship and support, and potential challenges or situations that may arise and strategies for addressing them.

A formal orientation was recommended by all three of the study participants as they thought it would helpful especially when learning administrative responsibilities. This is supported by the work of Danna et al., (2010) who found that an organized, thorough, and comprehensive orientation is the first step in offering the necessary information and essential tools to guide new nursing faculty. Lack of an orientation to their new role results in the needs of MPG's being not only unmet but unidentified (Giallonardo, 2011). Putting interventions and supports into place such as a formal orientation would better support and assist novice faculty members to transition competently into their new role. This study appears to support that a formal orientation should be provided to all novice nursing faculty members.

Requirement for education on teaching. Formal education courses on teaching and learning taken during their MN education were beneficial for Angela and Kate who both stated they prepared them for the nursing faculty role. As Sally chose a research focused thesis she did not take any formal education courses and believed this would have aided her transition and better prepared her for the nursing faculty role. The results of this study indicate that it would be beneficial for all novice nursing faculty members to take an education course at the master's level before entering employment at baccalaureate nursing institutions. This is supported by the work of Benner et al. (2010) who wrote that improving baccalaureate nursing education requires teacher education courses and therefore recommend that all master's programs include teacher education courses and experiences that better prepare nursing faculty for teaching. Increased emphasis on formal teaching preparation in graduate programs is beneficial in building a strong future faculty workforce (Benner et al., 2010). Benner et al. also recommend that rich faculty development opportunities need to be supported at the local, provincial and national level with the intention of: enhancing the practice of teaching in the nursing profession, and creating curriculum and teaching strategies that foster lifelong learning as well as clinical inquiry in

nursing students. It may be beneficial for baccalaureate nursing institutions to have a requirement that an education course must be taken during the MN program or an equivalent education course to ensure the fundamental tools taught in these courses will enhance their teaching ability. Nursing education institutions may also provide online options for novice nursing faculty members to learn teaching competencies that are necessary for their new role before or simultaneously with the commencement of their new role. This is supported by the work of Cooley & De Gagne (2016) who found that facilitators to developing competence as novice nurse educators include formal education during master's programs that included a solid foundation in teaching. This was also found to be true by McDonald (2010) who stressed the importance of nursing faculty members having a master's degree in nursing education as well as knowledge about curriculum, evaluation, and multiple teaching strategies. Danna et al. (2010) believe that novice nursing faculty members can also be supported and eased through their transition with faculty development programs, such as test question development, publishing workshops, strategies for effective lecturing and clinical facilitating, and clinical evaluation techniques which also allowed new faculty to interact with senior nurse leaders, and created a sense of academic community and research interest among all faculty.

Applying research knowledge to teaching skills. While Sally completed a research based MN degree that included the successful defense of a thesis, she struggles to articulate the value of her research skills to her teaching role. There is a clear need for graduate programming to make the connection between the value and applicability of research knowledge to teaching skills more visible and translatable to graduate students. This implication for graduate programming would also include the need for articulation of the value and applicability of research knowledge to teaching skills as found in this thesis study and the literature. Research skills and experience for educators enriches their teaching and provides opportunities for bringing their own research into the classroom (Magi & Beerkens, 2016). Magi and Beerkens (2016) found that being actively engaged in research had a positive effect on the content of teaching and that teachers actively engaged in research were more likely to incorporate research outcomes into teaching, attract students to research groups, and co-publish with students. Research experience also enhances teaching through understanding the importance of keeping course content up to date, and demonstrating the intellectual curiosity and critical thinking that characterize quality research (Prince, Felder, & Brent, 2007). Felder (2007) found that

experiential learning occurred during master's education that included writing a thesis. Thesis writing taught discipline and was a learning experience that demonstrated appreciation for new skills and attitudes about teaching and learning. The value and applicability of research skills and experience enhancing teaching practice was evident in this thesis study as well as the literature and should be emphasized in graduate programming.

Opportunities for reflection. All three participants experienced the benefit of improving their teaching practice and competence through the use of reflection during their transition. Reflection was found to be essential for this process. The results of this study indicate that for one to learn from experience, you must also reflect on it. Interestingly the participants learned from reflecting on their experience even when they did not initially realize they were reflecting. This study therefore recommends that opportunities for reflection be included into the novice nursing faculty role. This is supported by the work of Benner et al. (2010) who believe that nurse educators must be fully supported in reflecting on and improving their teaching. Benner et al. (2010) found that nurse educators often lack the time or opportunity to reflect on their teaching or the quality of student learning. Therefore, it may be beneficial for employers to include reflection into allotted worktime or to have opportunities for faculty members to reflect on their practices together. This is supported by the work of Pekkarinen and Hirsto (2017) who found that reflection and peer support benefited the learning and development of teachers: peer support and feedback are significant tools for the process of reflection. This is also supported by the work of Mezirow (2009) who writes that engaging in reflective discussion allows adult learners to assess the reasons and assumptions supporting their beliefs to make informed decisions and conclusions instead of relying on past judgements and values. Reflection for educators is a key aspect of teachers' professional development and considered essential for developing as an expert (Schon, 1982). Disu (2017) found that the use of reflection supports teaching effectiveness and improves students' learning. Through reflection teachers are able to examine their teaching practices, implement more effective teaching methods, improve problem solving, elicit feedback, search for new ideas and solutions to problems, and make decisions to promote student learning (Disu, 2017). Hall and Simeral (2015) found that the use of reflection in teaching increases self-awareness and self-efficacy. Both the literature and the results of this thesis study support the use of reflection for nursing faculty members.

Mentorship programs. The transition of MN graduates to the role of nursing faculty member can be supported through the development of mentorship programs that begin during graduate education or at the beginning of the faculty role. Mentoring programs are essential to a successful transition as they foster a professionally supportive environment and ease the transition and into the new role (Anibas et al., 2009). This would help to alleviate stress, anxiety, and establish a support network. While this relationship does not necessarily need to be formal, as this study did not find that to always be beneficial, it would be beneficial for novice nursing faculty members to know of to whom they could go to for assistance. Having a pool of known informal mentors available for support would remove the stress of not knowing who to ask for help.

This study found that there is a need for employers to be collaborating with their novice faculty members and continually assessing their learning needs to ensure a successful transition that could be accomplished through a mentoring program. Mentorship can support new nurse educators through the culture shock and stress of the transition period (McDonald, 2010) and decreases employee turnover (Anibas et al., 2009). Mentorship is so valuable that it could be the difference between the retention or loss of new educators in the academic setting (McDonald, 2010). A literature review by Cooley and De Gagne (2016) found that the number one factor to ease the transition into academia was the support of a faculty mentor. Gardner (2014) found that mentorship, formal and informal, and the support of colleagues was an important theme that emerged from the lived experiences of nurse educators as they began careers in academia. If formal mentoring was unavailable, participants found that informal mentorship or supportive colleagues, who shared similar philosophies of education and were open to communication without judgement, were crucial (Gardner, 2014). MPNs are needed to provide care, leadership and scholarship in healthcare today and in the future (Donner & Waddell, 2011). The profession of nursing cannot risk losing them because of failure to provide them with the help and support they need – particularly in their transition to new professional roles (Donner & Waddell, 2011). Through an ongoing mentoring relationship between MPNs and nurse leaders these graduates will potentially embrace and engage the attitudes and behaviours required for professional socialization, organizational acclimation, and success (Giallonardo, 2011).

Implications for Future Research

This was an exploratory study addressing an area where little research has previously existed – that of the transition of an MN graduate to the role of novice nursing faculty member and the value of MN education on that transition. NI provides depth on a subject but these findings need to be tested. Larger samples using quantitative research using survey or qualitative research using grounded theory would provide or enhance understanding of more specific learning and transition needs of novice nursing faculty members. This study could form the basis for much larger qualitative studies involving the views and experiences of being an expert nursing faculty member. Future research could focus on the transition experiences and the value of MN education of proficient and expert nursing faculty members. This would provide valuable insight into their experiences as they transitioned through the higher skill levels. Nurse researchers should study and learn from expert practice while academic institutions need to recognize and identify faculty who have developed expertise (Benner et al. 2009). The experience and perspective of being an expert would be important to understand. Sally described mourning the loss of the research skills she gained during her MN education as she developed more expert skills in the role of nursing faculty member. Sally continued to struggle to see the connection between her previous research skills and her teaching abilities being strengthened. This may not be surprising as the relationship between higher education academic research and teaching has been a highly studied and controversial area of research in the field of education (Duff & Marriott, 2017). While this may be true, it is widely recognized that research and teaching are inextricably connected and promote the purpose of universities which is to create and disseminate knowledge (Camacho, Martin, & Chiluiza, 2017; Quin, 2016). Cretchley et al. (2014) found that research experience enhances faculty expertise, communication skills, and methodological knowledge which results in enhanced teaching competence. While NI provides depth on a subject, the finding of Sally not seeing the connection between her previous research skills and her teaching abilities needs to be further tested in nursing faculty who completed a researched based MN degree with a thesis as this was only experienced by an individual participant, but may apply to many more novice nursing faculty members. Such studies would further expand on the factors and process that promote expert practice in nursing faculty members.

No literature was found that distinguished between the different types of master's degrees that RNs may have completed and the potential significance of this differing education on transitioning into novice nursing faculty. This study found that Angela and Kate who had completed a course based MN, felt they were better prepared for their new role and agreed that their MN education had prepared them for an academic role. While Sally chose the thesis option because she is interested in pursuing an academic career including PhD studies she did not believe her MN program prepared her for the role of nursing faculty member. This was surprising as she chose this route to pursue a career in academia but it prepared her the role of a researcher, which she feels are quite separate. This highlights the benefit of receiving teaching preparation in graduate education. Further research exploring whether the MN thesis option prepares participants for the nursing faculty role would be useful to help potential MN candidates and graduate academic advisors who guide them to decide what route of MN degree would be the best choice for their career aspirations. It would also be beneficial to understand the potential benefits of master's preparation in other fields, for example, education, curriculum development, or adult education, when transitioning into the role of nursing faculty members.

Lastly, possible areas for future research inspired by this study should also include the transition experiences of MN graduates to roles other than nursing faculty members. It would also be important to understand the needs of MPNs who have completed their master's degree in areas other than MN. This is important as it would provide an understanding of the unique and unknown needs of this group. This could include research on how to effectively learn from and incorporate experience as experiential learning was found to be influential in the transition of this study's participants. Benner et al. (2009) express that this model takes into account increases in skilled performance based on experience and education and based on the belief that individuals learn from experience and practice (Benner et al., 2009; Pena, 2010).

Conclusion

This section of the chapter discussed the implications of this study in regards to future practice and research. This study informed our knowledge on the transition of MN graduates to the role of novice nursing faculty member and the perceived value of their MN education on that transition. This was done through exploring the stories and personal narratives of three passionate and dedicated nursing faculty members. Their stories brought their experiences to life and gave meaning to their transition to the nursing faculty role as well as the value of their MN

education on that transition. They chose to share their stories genuinely and authentically, inspired by their passion for the nursing profession and educating the next generation of RNs, as well their desire to help ease the transition experience for other recent MN graduates.

Reflections of the Researcher Regarding the Study

This study was inspired by my personal experience as an MN student interested in the transition experiences of novice nursing faculty members. Discussions with my thesis supervisor, Dr. Lois Berry, inspired me to explore not only the transition experiences of novice nursing faculty members but also the perceived value of their MN education on this transition. This added something especially unique to my study as this had never been researched in this context before. I found myself interested in reviewing the literature on the subject but even more excited to work with actual participants to explore their stories.

My own graduate experience changed the way I looked at the profession of nursing and I was curious if others had the same experience. My original intent in doing this thesis was to explore the stories of transitioning into the nursing faculty role and the value of MN education on this transition. During the interviews I quickly came to understand that MN education played a supportive role in the transition and was found to be no more valuable than the experience of being a novice, growing from mentorship and support, and utilizing, implementing, and building on previous experience. MN education was only a piece of the puzzle. A process of transitioning into the nursing faculty role was identified and included four main themes. While it was my intent to look at the value of MN education on this transition the participants had stories to share that revealed other influences on their transition and how all these factors ‘all tied together’ to help them transition into their new role. Exploration of their stories allowed for the creation of a new theoretical model created from the common themes found within and throughout the participant’s stories. This new model allowed for their stories to be accurately constructed, which after working so closely with the participants was incredibly important to me.

Following each interview I reflected on what had been shared with me. I continually found myself filled with gratitude and admiration at the courage of my participant’s for sharing their stories in such genuine and authentic ways. They were motivated by their passion for the nursing profession, educating the next generations of nurses, and wanting to help ease the transition into the nursing faculty role for other recent MN graduates. They wanted their future colleagues to learn from their challenges, successes, and experiences. It was an amazing

experience for me to be trusted with their stories that often expressed deep personal feelings of self-doubt or fear of doing or saying the wrong thing. These nursing faculty members gave so generously of themselves to this study. Throughout the process of constructing their stories I was inspired by the participants and their willingness to share so much with me. I wanted to ensure that I told their stories as accurately as possible.

Throughout my journey of creating and writing this thesis study I have wrestled with the thought that maybe research was not the correct route for me. Should I have chosen a course based route that would have potentially better prepared me for the role and responsibilities of a nursing faculty member? Writing this study has challenged me in ways that I could not have imagined possible. I had feelings that I had made the wrong decision choosing to create a research project and write a thesis. It was not until I began to interview my participants that I was truly grateful that I chose to write a thesis. The participants' stories inspired my writing and instilled a passion for research in me that I did not know could be possible. What an amazing experience to have been able to work with my participants. I was filled with gratitude to have people so openly and willingly share their stories with me. Each participant was able to reflect on and then articulate their experience from a place of truth and authenticity. Using NI for this research study was fitting because together we were able to ensure that the meaning was accurately interpreted, and their stories accurately represented. Themes were generated from the data that captured the essence of their stories. While themes were similar, individual stories varied as details and characters were different. At the core of their experiences was a shared truth-- a deep personal pride in their advanced education, wanting to give their students the best learning experience possible, to support their students in the best possible ways, learning and growing through their varying experiences and incorporating that learning into their future teaching with students. It was truly inspiring to work with these participants. As I conducted each interview I found myself engaged in their stories, eager for the next. It became very clear to me early on with each participant how important it was to them to provide the best learning experience possible: finding joy in incorporating new learning theories, working through trial and error, and thinking about how they would do things differently next time to improve their teaching practice or student experience. Working together with my participants to construct their narratives and explore their stories in this NI thesis study to share with and benefit others made this research project entirely worth it!

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APPENDIX A

LETTER OF INVITATION AND CONSENT FORM

Dear Potential Participants,

I am a Registered Nurse and Master of Nursing student in the College of Nursing at the University of Saskatchewan. I am conducting a study titled *The transition from a Master of Nursing Graduate to the Role of Nursing Faculty Member: A Narrative Inquiry*.

You are invited to take part in this research study exploring the stories and experiences of Master of Nursing graduates who have transitioned or are in the process of transitioning into the role of nursing faculty member within the last three years. You were chosen for the study because you fit the requirements of graduating with a Master of Nursing degree within the last three years, consider your main source of employment to be at a baccalaureate nursing institution in Saskatchewan, and transitioned to this main source of employment directly after Master of Nursing graduation. Please read this form and the Consent Form carefully and ask any questions you might have before agreeing to be part of the study.

The purpose of this study is to explore the stories of recent Master of Nursing graduates transitioning to the role of novice nursing faculty member. The aim would be to understand the perceived value of Master of Nursing education during this transition and learn what about your education helped or hindered this transition. Researching this transition is important as this information is lacking in nursing literature. This research may also provide insight into better supporting novice nursing faculty members during the first three years of academic employment.

This is a qualitative study using narrative inquiry and will focus on the stories of participants. The aim is to recruit three participants. Participants will be requested to participate in an in-depth semi-structured interview for a maximum length of two hours and one follow-up interview for a maximum length of one and a half hours. Face-to-face interviews are preferred but accommodations including telephone or video link (Skype, Facetime) will be made if required.

Your participation in the study is completely voluntary. Your anonymized shared information will be discussed within the research team (myself, thesis supervisor, and committee) and data may also be shared as part of future publications. You can choose to answer only the interview questions you are comfortable with. You may choose to withdraw from the research study at any time. Withdrawal from the research study results in your information and data being removed from the study and destroyed at your request.

This study is also using snowball sampling in which participant's identify names of additional potential participants. If you are interested and willing to share this Letter of Invitation to Participants and Consent Form with additional potential participants who also meet the study requirements please forward them this email.

Requirements for participation include:

- Master of Nursing Graduate within the last three years (2014, 2015, 2016)
- Consider their main source of employment to be at a baccalaureate nursing institution in Saskatchewan and transitioned to this main source of employment directly after MN graduation
- Willing and able to share stories on transitioning from a Master of Nursing Graduate to the role of nursing faculty member and the value of this education on their transition experience

I appreciate and look forward to your response to this participant request. If you are interested in participating please indicate you wish to participate and return the Consent Form from your personal email to mpw421@mail.usask.ca. Upon receiving your consent I will contact you to set up an accommodating interview schedule.

Sincerely,

Megan Pegg (Weninger), RN, Master of Nursing Student

Lois Berry, RN, PhD, Thesis Supervisor
Interim Assistant Vice-Provost, Health – Health Sciences Council
University of Saskatchewan
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Email: lois.berry@usask.ca

Participant Consent Form

You are invited to participate in a research study entitled: *The transition from a Master of Nursing graduate to the role of nursing faculty member: A narrative inquiry.*

Researcher:

- Megan Pegg (Weninger), RN.
Graduate Student
College of Nursing
University of Saskatchewan
Phone: (306) 291-1961
Email: mpw421@mail.usask.ca

Supervisor:

- Dr. Lois Berry, RN, PhD.
Interim Assistant Vice-Provost, Health – Health Sciences Council
University of Saskatchewan
Phone: (306) 966-7691
Email: lois.berry@usask.ca

Purpose and Objective of the Research:

- The purpose of this study is to explore the stories of recent Master of Nursing graduates transitioning to the role of novice nursing faculty member. The objective would be to understand the perceived value of Master of Nursing education during this transition and learn what about your education helped or hindered this transition. Researching this transition is important as this information is lacking in nursing literature. This research may also provide insight into better supporting novice nursing faculty members during the first three years of academic employment.

Procedures:

- Participants will be requested to participate in an in-depth semi-structured interview for a maximum length of two hours and one follow-up interview for a maximum length of one and a half hours.
- Face-to-face interviews are preferred but accommodations including telephone or video link (Skype, Facetime) will be made if required.
- Interviews will be audiotaped following written consent and then transcribed.
- Location for the interviews will occur in a public but comfortable space. For example, a private interview room may be booked on campus where the safety of both the participant and researcher can be assured.
- Interviews will commence in June, 2017 with the aim of completion by August, 2017.
- Participants will be provided the initial interview transcript ahead of time, before the second and final meeting, to allow time to review it for accuracy.

- During our second and final interview you will have the opportunity to review and discuss the accuracy of the transcript and interpreted themes, add additional stories, and explore previous ones in more detail. You will also be given a transcript release form. You will then have the opportunity to contact me with any concerns.
- When you are satisfied with the transcription and interpreted themes of both transcripts you will sign the transcript release form and return it to me via email. Signing this form releases the interview data from both interviews for my use in this study.
- Please feel free to ask any questions at any time regarding the procedures and goals of the study or your role.

Funded by: This study is unfunded

Potential Risks:

- There are no known or anticipated risks to you by participating in this research.
- Some participants may find it emotionally upsetting to talk about certain experiences.
- **Risk(s) will be addressed by:** You can choose to answer only the interview questions you are comfortable with. You may also choose to withdraw from the research study at any time.
- Debriefing procedures that will take place include a referral for counseling so you have someone to speak with about your experiences.
- Circumstances for termination from the study would include the participant choosing to withdrawal from the study.

Potential Benefits:

- You may find it fun and rewarding to share your story. Potential benefits from participating may include participating in a qualitative study that may influence or impact potential, future, current, and recent Master of Nursing graduates, and reflecting on your own transition experiences of being a novice nursing faculty member.

Compensation: no compensation is available.

Confidentiality:

- Your shared information will not have your name on it or any identifying information.
- Your interview data and personal identification will be identified by a pseudonym that is only known by the researcher.
- Identifying information (i.e. place of employment, name of colleagues, location, etc.) will be depicted in generic terms.
- Every attempt will be made to ensure anonymity of participants but due to the small number of participants complete anonymity cannot be completely guaranteed.
- The study findings will remain on the locked secure system of the University of Saskatchewan computer hard drive. All paper data included in the study will be kept in a locked filing cabinet in the Supervisor's office. After five years all data will be destroyed as per research ethics policies of the University of Saskatchewan.

Right to Withdraw:

- You may withdraw from the research project for any reason, at any time without explanation or penalty of any sort.
- Your participation is voluntary and you can answer only those questions that you are comfortable with.
- Should you wish to withdraw, under any conditions, your information and interview data will be removed from the study and destroyed at your request.
- Your right to withdraw data from the study will apply until you sign the transcript release form following review of your second interview transcript. After this date, it is possible that some form of research dissemination will have already occurred and it may not be possible to withdraw your data.

Follow up:

- To obtain results from the study the completed thesis study will be emailed to each participant.

Questions or Concerns:

- Contact the researcher(s) using the information at the top of page 1;
- This research project has been approved on ethical grounds by the University of Saskatchewan Research Ethics Board. Any questions regarding your rights as a participant may be addressed to that committee through the Research Ethics Office ethics.office@usask.ca (306) 966-2975 regarding study 17-154. Out of town participants may call toll free (888) 966-2975.

Continued or On-going Consent:

- The researcher will ask for verbal consent to continue before each stage throughout the interview process. For instance, verbal consent will be obtained before the initial and final interview.

Consent:

Your signature below indicates that you have read and understand the description provided; I have had an opportunity to ask questions and my/our questions have been answered. I consent to participate in the research project. A copy of this Consent Form has been given to me for my records.

_____	_____	_____
<i>Name of Participant</i>	<i>Signature</i>	<i>Date</i>
_____	_____	
<i>Researcher's Signature</i>	<i>Date</i>	

A copy of this consent will be left with you, and a copy will be taken by the researcher.

APPENDIX B

REQUEST FOR ASSISTANCE FROM KNOWN NURSING FACULTY AND COLLEAGUES

Date:

Dear:

I am currently a student in the Master of Nursing – Thesis Option program in the College of Nursing at the University of Saskatchewan. I am recruiting participants for my qualitative thesis study titled *The Transition from a Master of Nursing Graduate to the Role of Nursing Faculty Member: A Narrative Inquiry*. I am requesting your assistance in helping me identify and locate potential participants who meet the criteria for this study. Requirements for participation include:

- Master of Nursing Graduate within the last three years (2014, 2015, 2016)
- Consider their main source of employment to be at a baccalaureate nursing institution in Saskatchewan and transitioned to this main source of employment directly after Master of Nursing graduation
- Willing and able to share stories on transitioning from a Master of Nursing Graduate to the role of nursing faculty member and the value of this education on their transition experience

For the purpose of this study, a novice nursing faculty member is defined as a Registered Nurse who has a Master of Nursing Degree and considers their main source of employment to be at a baccalaureate nursing institution teaching baccalaureate nursing students for three years or less. For this study teaching baccalaureate nursing students includes both clinical and classroom teaching.

I have attached a copy of the Letter of Invitation and Consent Form to be forwarded to potential participants. You are welcome to read the attached letter and keep a copy for your records.

If you have any questions or concerns please contact me via phone or email. My contact information is provided below.

Thank you for your time, your assistance in very much appreciated.

Sincerely,

Megan Pegg (Weninger), RN, Master of Nursing Student

Lois Berry, RN, PhD, Thesis Supervisor
Interim Assistant Vice-Provost, Health – Health Sciences Council

University of Saskatchewan
Health Sciences Building
107 Wiggins Road
Saskatoon, Saskatchewan
S7N 5E5
Phone: (306) 966-7691
Email: lois.berry@usask.ca

APPENDIX C

INITIAL INTERVIEW GUIDE

1. How did you first become aware that you wanted to work as a nursing faculty member following MN graduate studies?
2. What is your experience of being a novice in the role of nursing faculty member? Are there any stories of your transition experience? Share with me some of your experiences as a novice faculty member.
 - a. Potential probe: Why does/do that/those particular moment stand(s) out?
3. What aided your transition from an MN graduate to novice nursing faculty member? Share with me the stories of what helped you overcome these challenges in the transition process.
4. What hindered your transition from an MN graduate to novice nursing faculty member? Share with me the stories of what helped you overcome these challenges in the transition process.
5. How do you view your role as a novice faculty member?
6. If you were talking to a group of recent MN students and graduates what would you say to them in regards to the nursing faculty role? What stories would you tell them to illustrate your experience?
7. What encouraged you to return to graduate school? What does this education mean to you? Share with me a story that illustrates this.
8. What is your experience of the personal value of your master's degree? Can you share the stories of this experience? Were you ever in a situation where you experienced the value of your education?
9. What is your perception of the influence or significance of your MN degree on this transition? Would you describe a time that this education influenced or impacted your transition? What aspects of your education helped or hindered this transition? Can you share any stories these experiences?
10. My research study looks at the value of an MN degree while transitioning into the faculty role. From your experience how has this education influenced your transition? What does your MN mean to you personally? Are there stories you could share with me on your perspectives?

11. Looking back on your MN education what learning impacted you the most? How have your ways of knowing evolved through this experience? Can you share any stories about how this affected your transition?

APPENDIX D
SECOND INTERVIEW GUIDE

1. An initial interview can elicit questions or insights. Please share with me any questions or insights that were elicited by our first interview. What is the story around how you came to this insight or thought of this/these question(s)?
2. What additional thoughts, questions, or stories arose when you read the transcript of the first interview?
3. What would you like to address in regards to adding, clarifying, or removing any parts of the transcript? Are there any thoughts, ideas, or stories that you would like to add now that you have read the transcript of the first interview? Have you identified any stories or thoughts that you would like removed?
4. From our initial interview the following themes emerged from the stories you shared with me (Provide the information). What is your understanding of the themes that emerged from your stories? Would you like to add any comments on or relating to these themes? Please share with me whether these themes have been accurately interpreted.
5. What additional stories do you have to share that the interview process inspired? Would you share these stories with me? Why does this story stand out for you?
6. From our initial interview could you please expand more on the story you shared about (blank) regarding (blank)?

APPENDIX E
TRANSCRIPT RELEASE FORM FOR INTERVIEW 1

Research Ethics Boards (Behavioural and Biomedical)

TRANSCRIPT RELEASE FORM

I, _____, have reviewed the complete transcript of my personal first interview in the thesis study *The transition from a Master of Nursing graduate to the role of novice nursing faculty member: A narrative inquiry*, and have been given the opportunity to ask questions and clarify or remove parts of the transcript as appropriate. I acknowledge that the transcript accurately reflects what I said in my personal interview with Megan Pegg. I hereby authorize the release of this transcript to Megan Pegg to be used in her qualitative narrative inquiry thesis study in the form of stories on the transition from a Master of Nursing graduate to the role of novice nursing faculty member. I have received a copy of this Transcript Release form for my own records.

_____ Name of Participant

_____ Signature of Participant

_____ Date

_____ Signature of Researcher

TRANSCRIPT RELEASE FORM FOR INTERVIEW 2

Research Ethics Boards (Behavioural and Biomedical)

TRANSCRIPT RELEASE FORM

I, _____, have reviewed the complete transcript of my personal second interview in the thesis study *The transition from a Master of Nursing graduate to the role of novice nursing faculty member: A narrative inquiry*, and have been given the opportunity to ask questions and clarify or remove parts of the transcript as appropriate. I acknowledge that the transcript accurately reflects what I said in my personal interview with Megan Pegg. I hereby authorize the release of this transcript to Megan Pegg to be used in her qualitative narrative inquiry thesis study in the form of stories on the transition from a Master of Nursing graduate to the role of novice nursing faculty member. I have received a copy of this Transcript Release form for my own records.

_____ Name of Participant

_____ Signature of Participant

_____ Date

_____ Signature of Researcher